RECORD PERMANENT 4 S. THIS INK UNFADING WITH PLAINLY WRITE

PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very 10 PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVERCED (Write the word) Exact 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe If LESS than TAGE pinoda 1 day hrs. OR mio. ? properly 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work (b) General nature of industry, supplied. be business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully 1000 1770 that 10 NAME OF FATHER 80 0 back 11 BIRTHPLACE (Address) terms, OF FATHER (State or country) pinous AREN 0 12 MAIDEN NAME in plain OF MOTHER instructions Information 13 BIRTHPLACE At place OF MOTHER (State or country) EATH Where was disease contracted THE BEST OF MY KNOWLEDGE If not at place of death? See jo 0 usual residence Every item CAUSE OF Important. O BURIAL OR REMOVAL (Address) 15 20 UNDERTAKER m REGISTRAR ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. [If death occurred in .Ward) a hospital or Institution. give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	Sefet -	24	. 1915
	(Month)	(Day)	
17 I HEREBY	CERTIFY, That I.a	ttended dec	essed from
ang 28	5, to Sefer	-24	, 1918.,
hat I last saw ham all	ive on Sefet	24	, 1915
and that death occurred o	on the date stated al	bove, at 4	P. m,
he CAUSE OF DEATH*	was as follows:		
	osesu	shal	4
	bus ver		MC.
Severnog	Spinal	-00-	rac
	(Duration)	yrsm	os. 7.7 ds.
Contributory fall	lofsoof	7007	unce
	(floration)	yrsn	os trongs.
	(Duration)	J i 3	086.A690

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the

DATE OF BURIAL

ADORESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

rGrocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. The same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 Examples: For VIO-



7. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of cartificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WITH WRITE CAUSE OF Important. S 0



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

6	4	,		W	91	-4	1	
 ◡.	٠.		80000	 **	er i			

[If death occurred la a hospital or institution, give its NAME instead of street and number I

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, MARR	Sept. 6th. , 1915
Male While ORDINORCED WORD WINGLE OF BIRTH (Month) (Day (Year) (Month) (Day (Year) (Year) (Month) (Day (Year) (Year) (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sept. 4th., 1915, to Sep t. 5th., 1915 that I last saw h er alive on Sept. 5th., 1915 and that death occurred on the date stated above, at 4. 3 08 m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or larticular kind of work. b) General nature of industry.	convulsions.
isiness, or establishment in hich employed (or employer)	(Buration) O yrs 8 mas 26 di
10 NAME OF FATHER Ochn C. Andrews 11 BIRTHPLOE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF OF MOTHER O	(Signed) (Doration) O yrs O mos 4 ds (Signed) (Address) MALAULA MALAULA *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Conaconing had THE ABOVE IS TRUE TO THE BEST OF MY KNOWLY GGE (Informant) Was a Clarabeth Condension	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
iled Sept 6, 1915 F. H. Charles	Laurel Hill, Moscow, Md Address

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons statement. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliglnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

V. S. No. 1.

N. B.

1 PLACE OF DEATH County Allegans

15002

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Ult Haba GNo	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Catherine Ulung-U	cy Bush
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fruale Write (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY. That I attended deceased from
CMOnth) (Day (Yokr)	that I jest saw h. Ed alive on Ak pt 24th 1911
7 AGE If LESS than	and that death occurred on the date stated above, at 3 46 A m.
38 yrs 0 mos 29 ds 0R min.?	The CAUSE OF DEATH* was as follows: Lulinous Julis Quelos:
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) 7 yrs mos ds.
9 BIRTHPLACE (State or country) Coul	Contributory Secondary (Doration) yrs mos ds.
10 NAME OF Sea. W. Burall	(Signed) 13. J. Licich, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER Way. Rece	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Md	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Leo. W. Burray	Former or usual residence.
(Address). WY Lavage.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Late 27, 1945 File Character & BEGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed address State Deduc	and Vrg

needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Heaith Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.

RECORD PERMANENT 4 2 INK-THIS UNFADING WRITE PLAINLY, WITH

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very carefully supplied. See Instructions on back of certificate. should be DEATH in plain terms, of Information CAUSE OF Important. S 6 ż

PAREN

1 PLACE OF DEATH 15003 County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 19
VIIIage or City Mel blooge (No	St.; Ward) [If death occurred In a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fewal 4 COLOR OR RACE SINGLE, MARRIED, Wildows of Write the word) **DATE OF BIRTH TAGE (Month) (Day (Year) TAGE (Month) (Day (Year) TAGE If LESS than 1 day, hrs. or particular kind of work (a) Trade, profession, or particular kind of work (b) General nature of Industry,	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) (Year) 18 I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) (Year) 18 I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) (Year) (A) (The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 Covered (State or country)	Contributory Chronic Sutars Trans Verbration Secondary Contributory Chronic Sutars Trans Verbration Secondary Contributory Chronic Sutars Trans Verbration Secondary Contributory Chronic Sutars Trans Mos. (Signed) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

KNOWLEDGE

(Address).....

15 Filed REGISTRAR

TAL, SUICIDAL, OF HOMICIDAL.	and	(2) whether	ACCIDEN
18 LENGTH OF RESIDENCE FOR HOSPITAL	s, In	STITUTIONS, T	RANSIENTS

At place In the State yrs. _ _____ yrs. mos. Where was disease contracted,

If not at place of death?

usual residence

BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

LDDRESS

If more blanks are needed, address State Registran 6 F. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. "Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for



N. III.

ounty Allegante (5)	STATE OF MARYLAND CERTIFICATE OF DEATH
9	Registration Dist. No.
Village or City Embulund (No 20 20 20 20 20 20 20 20 20 20 20 20 20	Mulhamest; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED OR DIVORCEO OR DIVORCEO OR DIVORCEO	16 DATE OF OEATH Left. 10 ,1914 (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
Seft 9, 1915	that I last saw har alive on Asfat 10 ,1914,
7 AGE If LESS than 1 day, 6 hrs.	and that death occurred on the date stated above, at 119 m.
yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
POCCUPATION (a) Trade, profession, or particular kind of work	Menques no Sunce and
(b) General nature of lodustry business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory X kardin
10 NAME OF Marshell Boyd	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the Disease Caubing Drath, nr, in deaths from Violent Caubes, state (1) Mrans of Injury; and (2) whether Accidental, Suicidal nr Homicidal.
a OF MOTHER Figures Weight	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place to the effect to the street to the
(Informant) Marshell Boyd	if not at place of death?
(Address) Burnberland mel	19 PLACE OF BURIAL OR BEMOVAL OATE OF BURIAL
Flied SEP101995 Marketton	20 UNOERTAKER ADDRESS
	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mill; (a) Salesman, (b) Groeery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-to determine definitely. SUICIDAL, or HOMICIDAL, or as probably such, if impossible etc., when a definite disease can be ascertained as the genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia "Tumor" for malignant neoplasms); Measles; "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial or miscarriage Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-Examples: Accidental drowning; 28 "PUERPERAL "Dropsy," "Exhaustion," Never septichaemia, report mere Whooping

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAU,V.S.

	1 PLACE OF DEATH 15005 Inty Allegacy Integrated (No. 370, Allegacy) 2 FULL NAME Elizabeth	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St; Ward)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
certificate,	eurale White Wildow, Wildow, OR DIVORCES (Write the word) ATE OF BIRTH DEC 23 1822	16 DATE OF DEATH Settlewher 6, 1915. 17 ST HEREBY CERTIFY, That I attended deceased from 191, to 191, 1
7 A		and that death occurred on the date stated above, at 7. P. m. The CAUSE OF DEATH * was as follows:
a structions o	a) Trade, prefession, or articular kind of work b) General natore of industry susiness, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory all of
ARENTS	10 NAME OF FATHER Sayself 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Supelion) yrs mes ds. (Signed) (State the Dispase Causing Drath, or, in deaths from Violent Causes, state (1) Visans of Injuny; and (2) whether Accidental, Suicidal or Homicius L.
A 14 7	of Mother Vaney Jeff 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informent) MISSELEW DEUTSIEL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth yre. mes. de. Stete, yrs. mee. de. Where was discess contracted, If not et place of death? Former or usual residence
15 F	(Address) 370 N Centre St. REGISTRAR If more blanks are needed, address State Registrar, 1	Place of Burial or REMOVAL Rose Hill Com Sept 17, 1915 20 UNDETERER LOUIS Stein City

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," ctc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease causing neath, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs. For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING PEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tunior" for malignant neoplasms); Measles; Whooping cough; Chronic vauvuiar heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uru mia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT NEATHS state means of injury and qualify as accidental, SUICIDAL, OF HOMICINAL, Or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RECORD PERMANENT THIS INK UNFADING WITH information

Very PHYSICIANS should of OCCUPATION IS ciassified. P property ш AG supplied. 99 may certificate. 80 0 back terms. uo piain instructions = of inford Sec item OF mportant. ш Every 0

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15006PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH egan Registration Dist, No Ilt death occurred in a hospital or institution. give its NAME tostead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE narr MARRIED. WIDDWED, ORDIVORCED (Write the word) Mouth) (Dav (Year) I HEREBY CERTIF Y, That I attended deceased from DATE OF BIRTH (Month (Year) 7 AGE It LESS than f day,hrs. min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in mos. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE **OF FATHER** (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. State _____ yrs. _ mos. ds. Where was disease contracted. if not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15

ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Bato., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of llibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a slugle word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ecr" is less definite; avoid use of "Tumor" for mallg. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, If impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING FOR WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN V. S. No. 1.

N.B.

1 PLACE OF DEATH

County allegary	CERTIFICATE OF DEATH Registration Dist. No.
Village or City lemberland (No. 101, 2	Bww [if death occorred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO OR DIVORGED Upli Write the word)	16 OATE OF DEATH Sentent 2 pth, 1915
6 DATE OF BIRTH July & 1905	that I last saw h M alive on Sent 18 1916.
7 AGE (Month) (Day) (Year) 1 day, hrs. 2 mios / Z ds OR mio.?	and that death occurred on the date stated above, at 70, m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Mancho-Aneumenia
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland	Contributory Cardial Mouffielding
10 NAME OF FATHER WHITE BOWN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OT	(Signad)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. Where was disease contracted,
(Informant) Loub Brown	f not at pisce of death ?
(Address) lewberland 15 Filed Sept. 12, 1911 Max Justine REGISTRAR If more blanks are needed address State Registrar	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ON THE PLACE OF BURIAL ON THE PLA

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, employed, as At school or At home. Care should be taken to report specifically the occupations of persons write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, ctc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull The contributory (secondary or intercuras "Puehperal septichaemia," "Dropsy," State cause for which (Recommendations Never report mere "Exhaustion," important. Whooping

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAHLV.S.

V. S. No. 1.

Cour	nty all sany	
Villa	ge or City Curry Livland (No.)	FD
	2 FULL NAME MANAGE	
	PERSONAL AND STATISTICAL PARTICULA	ARS
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	dov
6 DA	TE OF BIRTH	
	(Month) (Day)	, 1 (Yea
7 AG		It LESS the
pai (b	CCUPATION 1) Trade, profession, or ricular kind of work 1) General nature of lodustry siness, or establishment in lich employed (or employer)	
9 81	(State or country)	
4	10 NAME OF Edward Brie	~4
ENTS	11 airthplace OF FATHER (State or country)	0
PARE	12 MAIDEN NAME OF MOTHER QUANT	n
	13 BIRTHPLACE OF MOTHER (State or country)	
14 TI	(Informant) Lawaya C.	GE .
	(Address) R. F. D. # 5	
15 File	of Sept 7, 1915 D. Bene	ett

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No.
# 5' St.; Ward)	[it death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	(Day) , 1910\(\text{Year}\)
17 I HEREBY CERTIFY, That I atten	ded deceased from
that I last saw he alive on or he	191
and that death occurred on the date state	dahaya at 6 2 m
The CAUSE OF DEATH * was as follows:	dabove, at
THE CAUSE OF DEATH & Was as follows:	
Dysentery -	
(Duration) O	yre. 2 mos. 0 de.
Contributory Secondary Old Gere Grallen	. yrs
(Signed) (Address) Reserve	luland ma
*Style the DISEASE CAUSING DEATH, or, in CAUSING STATE (1) MEANS OF INJURY; and (2) SUICUMAL OF HOMICHAIL.	deaths from VIOLENT whether Accidental,
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS,
At pleca to the	
af deeth,yrsmesde. Stale, Whera was disease contracted, If not et place of daeth?	yre mos de.
Former or esuat residence	
19 PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL
Nicholson hounts	8 7 7 8. 1015
20 UNDERTAKER	PRESS
John Wolford Cu	mbriland

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." - (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracinia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause Never report merc "Exhaustion," for which mound



WAITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE

RD

LY, PHYSICIANS Exact statement of	PLACE OF DEATH 15009 County Allegany Village or City Selfen (No.,,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of other laws to an extension of the state of the sta		
H I	2 FULL NAME / Ciclard Slan	ley Sully of street and number.]		
Siffic	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ated class	Male 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)		
should be st be properly f certificate	G DATE OF BIRTH Aug. 3, 1915 (Month) (Day), 17821	aug. 3, 1915, to aug. 5, 1915; that I last saw him alive on aug. 5, 1915;		
AGE soft it may	7 AGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 24 m. The CAUSE OF DEATH was as follows:		
in terms, so that instructions on	particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration)		
ion should be care F DEATH in plain important. See in	10 NAME OF FATHER Suy IT, Brien 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (State the DISEASE CAUSING DEATH, OI, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
ormat JSE O s very	OF MOTHER Sta May Westphale 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs		
I. B.—Every item of inf should state CAL OCCUPATION IS	(Informant) B. May lueseplate (Address) Super nel. 15 Filed Sept. 2, 1915 Description REGISTRAR	Former or esual residence. 19 PLACE OF BURIAL OR REMOVAL Bucey Countery 20 UNDERTAKER ADDRESS Hilson Hilson		
2	If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Autowrite Nonc. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Pealer," etc., without more mobile factory. The material worked on may form part taken to report specifically the occupations of persons is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiengineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Noncenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head—homicide; Poisoned by carbolic acid—probably Struck by railway train-accident; Revolver wound suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," eause. Always qualify all diseases resulting from childmus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of etc., when a definite disease can be ascertained as the "Anaemia" chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause Never report mere "Atrophy," for which



V. S. No. 1.

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carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS certificate. DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH should be of information CAUSE OF I

1	PLACE	OF	DEATH	1501
	LTWOT	OI.	DENIII	-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

[it death occurred in

	FULL NAME Margaret ar	give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, Veugle Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH September 16 th, 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended decessed from
6 D	april 14th 1915 (Month) (Day (Year)	Sept. 16 h 1915 to Sept. 16 h 1915, that I last saw here alive on Sept. 16 h 1915.
7 A	II ELD THUI	and that death occurred on the date stated above, at 10 - Pm,
(a) pa (b)	yrs 5 mos 2 ds t day,hrs. OR min. ? CCUPATION) Trade, protession, or riticular kind of work) General nature of industry,	The CAUSE OF DEATH* was as follows: acute Gastro Ruterites
9 Bi	IRTHPLACE (State or country)	Contributory Secondary
TS	10 NAME OF FATHER anthony 6. Chef	(Signed) M. J. McArricott, M. D. Sept. 176 1915 (Address) midland red.
AREN	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ()	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 7	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos ds Where was disease contracted,
	(Informant) hors. anthony Elepp	If not at place of death?————————————————————————————————————

BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second addltloual line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the nisease mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

Injury, as fracture of skull, and eousequences (e. g., sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: childbirth or misearriage as "Puerreral soptichacmus," "Old Age," "Shock," "Uraemia," "Weakuess," genital," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medleal Association.) eause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. State etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. Exact classified. 4 D THIS properly AGI INK supplied. pe UNFADING may carefully 80 WITH terms, pinous PLAINLY, plain Information ۳ of Inford WRITE

certificate.

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See Instructions on

10 Item

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statement

PLACE OF DEATH 15011 County. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RAGE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Vollent Causes, state (1) Means of Injury; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 13 BIRTHPLACE Af place OF MOTHER (State or country) KNOWLEDGE Former or (Intermant) usual residence...

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..... ilf death occurred in a hospifal or institution. give Ifs NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

	(Mouth)	(Day	, 191 (Year)
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1 - /	CERTIFY, That	t I attended d	eceased from
WTM G	91 L 10 CL		191
hat I last saw h all	ive on		191
nd that death occurred o	n the date state	ed above, at	m,
he CAUSE OF DEATH*	was as follows:		
	98-980		
A. A. C.	0 0		A)
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5 * 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Duration)	yrs	mosds.
Gontributory Secondary	·····		
	(Duration)	yrs.	mos. ds.
Signed)	0	ile	1 20

8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the

of death _____ yrs. ____ mos. ____ ds. State _____ ds Where was disease contracted,

If not at place of death?.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-'Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopncumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and cousequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated nuder the head (Recommendations on statement of For vio-



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supplies, so the
e carefully plain term See instruc
ATH in
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N. B.—Every Item of Information should be carefully supplied. AGE should be s should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate
Pery

PLACE OF DEATH 15012	STATE OF MARYLAND
County alls sary	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Canal Inland (No. Val, C.	St.; Ward) [If death occurred in a hespital or institution,
2 FULL NAME OSCAS TO	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANGE WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH September 121 , 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
1010/1 27 188	Jugust 5, 1915, to Spheriles 12, 1915,
(Month) (Day) (Year)	
7 AGE If LESS that 1 day, hrs	I mile the state of the state o
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e occupation (a) Trade, profession, or particular kind of work Saloon Off .	Funus of brain Publiky in
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business, or establishment in which emplayed (or employer)	(Duratton) grs. mos. 10 ds.
9 BIRTHPLACE (State or country)	Contributory accidental mynig
ma	- (Burstlee) 4 yrs mos ds
10 NAME OF William Confished	(Signod) J. W. U
11 BIRTHPLACE	Sept 1, 1915 (Addison) Cumberland Md.
BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSER, STATE (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIOAL.
of Mother Patianer troll	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
(State or country)	sf death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at piece of death?
(informant) William CONTO SICA	usuol residence
(Address) Lonacy MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 SED 1 1916 // Ly Dt.	20 UNDERTAKER ADDRESS
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If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping Struck by railway train-accident; Revolver "Heart failure," "Heemorrhage," "Inanition," "Marasto determine definitely. Examples: Accidental drowning; or miscarriage as "Puerperal septichaemia," The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," unportant. punon



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RECORL	classified.		PERSONAL AND STATISTICAL PARTICULARS
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2	refully suppli n terms, so t instructions	9 81	RTHPLACE (State or country)
FN	be carefully supplied n plain terms, so tha See instructions on		Cumberland V
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1 PLACE OF DEATH

STATE C	F M	ARY	LAND
CERTIFICA	ATE	OF	DEATH

MEDICAL

16 DATE OF DEATH

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The CAUSE OF DEAT

(Year) If LESS than

1 day, hrs.

OR min. ?

ruers

over

REGISTRAR

TIFICATE OF	DEATH
Registration Dist.	No.
; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
CERTIFICATE OF	DEATH
Left (Month)	8 ,1915 (Day) (Year)
191 3, to Sept	nded deceased from 1915, 1915, 1915, ed above, at 5.200m.
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goed)	7		171	7	
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*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) who her Accinental, SUICIDAL OF HOMICIDAL.

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18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

old Lulk	2	Sep 57, 1915
Levero	Frem	Combo

s State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobár pneumonia. Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

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charn Failing	a hospital or institution give its MAME instead and number
MEDICAL CERTIFICATE O	F DEATH
18 DATE OF DEATH (Month)	/4 ,191 (Day) (Yes
that I last saw h 11 alter on Share	ended deceased fi
and that death occurred on the date sta The CAUSE OF DEATH * was as follow	
Contributory Breech - Lu	yrs mos.
(Signed) (Burstien) (Surstien) (Signed) (Address) (Musical Causing Drath, or, Causing State the Disease Causing Drath, or, Causing State (1) Maans of Injury; and (1) Surcipal or Homicipal.	lower Md:
18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place in this of desth	NSTITUTIONS, TRANSIE
St. Vetu Haul	Seff (5, 191
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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If LESS

[Approved by U. S. Census and American Public Health Association.]

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if the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

0181 9 1938

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.-Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS RESERVED FOR BINDING MARGIN V. S. No. 1.

Cour	PLACE OF DEATH 13013	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vitla	ge or City Cumberland (No. 25, 25)	Paus (Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED Surgle Minds Minds	16 DATE OF DEATH 9 1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH 31 1914	that I last saw h alive on 1914
7 AG		and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
O pai	CCUPATION 1) Trade, profession, or ricular kind of work 2) General nature of industry	AC Sosts Enlenly
	siness, or establishment in iich employed (or employer)	(Guration) yrs. mos././ ds.
9 Bi	(State or country) 2nd	Secondary (Buratian) Was mas de
o o	10 NAME OF Thomas Dawson	(Signed) The Jevi Jove, M. o
ARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME T	*State the DISFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
PAF	of Mother Macycet/Ence 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of desth
14 TI	(Informant) The BEST OF MY KNOWLEDGE	Whers was disease contrested, If not at place of death? Former or usuet residence.
15	(Address) 25 Grand ME	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9/16, 1915
FIN	SEP 15 191 MUM	Louis Stew City
/	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. THIS properly be UNFADING suppli may 80 terms. pinous piain EATH 50 Q Item OF Ш Every

certificate.

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PLACE OF DEATH 15016 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred la -Ward) a hospital or institution. give its NAME instead of street and nomber.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. 1915 widowed, The ordivorced (Write the word) (Month) (Year) I HEREBY CERTIFY That I attended deceased from DATE OF BIRTH (Month) (Da/ (Year) TAGE It LESS than and that death occurred on the date stated above, 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ___ ds. State _____ mos. ___ Where was disease contracted, 14 THE ABOVE IS TRUE TO It not at place of death?. Former or osual residence. DATE OF BURNAL (Address)..... 20 UNDERTAKER ADDRESS REGISTR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: been ehanged or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and elildren, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist. No.	
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If death eccurred in a hospital er institution, give its NAME instead of street and number.

ADDRESS

(Year)

St:Ward) PERSONAL AND STATISTICAL PARTICULARS RTIFICATE OF DEATH 3 SEX SINGLE, 16 DATE OF DEATH COLOR OR RACE MARRIEO, WIDOWED OR DIVORCED (Month) (Day) certificate attended deceased from (Month) 7 AGE If LESS than on the date stated above, at 1 day, hrs. back OR mlg.? BOCCUPATION 00 (a) Trade, profession, er SUG particular kind of work. (b) General nature of industry instructi business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) . 10 NAME OF FATHER **important**. S 11 BIRTHPLACE (Address) ENT OF FATHER *State the Pistann Causing DRATH, or, in deaths from Violant (State or country) CAUSES, state (1) Mouns of Injury; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. Œ 12 MAIOEN NAME E OF [OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At elece In the OF MOTHER .49 (State or country) of death утз. Should state CAI Where was disease contracted, 14 THE ABOVE IS TRUE TO If not at place of death? nenel residence OATE OF BURIAL PLACE OF BURIAL OR REMOVAL 15

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SEP 30 1912

V. S. No. 1.

15010	
PLACE OF DEATH	STATE OF MARYLAND
alle	CERTIFICATE OF DEATH
County Land	CERTIFICATE OF BEATH
0000	Registration Dist. No.
Village or City Cumberland (No 522	Freen St. Word if death occurred in
Village or City Culture (No. 7)	a hospital or institution,
· Helalt as	give its NAME instead of street and number.
² FULL NAME	C Xemman and and and and and and and and and a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3 SEX. 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
windweb Hill	(Month) (Day) (Year)
Male With OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
Jeht 1 1915	, 191, to, 191, 191,
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
trs mas ds OR mia.?	The CAUSE OF DEATH * was as follows:
)/ 6,	
(a) Trade, profession, or	Still Down
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed (or employer)	(Ouration) yes. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
- Marcon country)	(Burollon) of mos / de
10 NAME OF //	Jas. M. Joan
Hawey Duncah	(Signad)
U II BIRTHPLACE OF FATHER	1819 (Address) Milk May
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
C 12 MAIDEN NAME O	Suicidal of Homicidal.
a leightson.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT FIESIDENTS)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country)	ef death yrs. mes. ds. State, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	_If not at place of death ?
(Informant) the WEY dunlah o	Former or
to a li	usual residence
(Address) 2 22 Magu St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A A COOK MONTH PA	lose Hill Cell 191.
Flied 1919 191 March	20 UNDERTAKER ADDRESS
REGISTRAR	Jours Stew Cite
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," of the second statement. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil ter, Stotionary fireman, etc. But in many cases, For persons who have no occupation whatever, Never return ete., without more If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") inqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Uracmin," "Weakness," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway train—accident; Revolver wound of "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "PUERPERAL septichaemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. ncphritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere (Recommendations

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

N. B.-

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be if See instructions on back of certificate. WITH WRITE PLAINLY, CAUSE OF Important. S

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

fif death occurred in a hospital or institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS 9 SEX **COLOR OR RACE 6 BINGLE, will windows 15 DATE OF DEATH 1 DATE OF DEA		*FULL NAME OSCURE		100.0000
Month work DATE OF BIRTH LEST 145 Month (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from Sept 215 Month (Day (Year) 18 LESS than 1 day,		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
POCCUPATION (2) Trade, profession, or particular kind of work. (b) Benefal after of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MADE IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Suff 23, 1915 Address 16 J. 191.5. to suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of 191.5. that I last saw h alive on suff 21 of I last saw h alive of I last saw h alive of I last saw h alive on suff 21 of I last s	35	MARRIED, WIDOWED.	(Month)	(Day (Year)
If LESS than day,	6 D	Sept 21et 1915	Sept 2121, 191.5; to Sep	£ 2/01 , 191.5.
(3) General nature of industry, business, or establishment in which employed (or employer) **Description of more (State or country) **Description of more	7 A	GE If LESS than 1 day,hrs.		d above, at 10 - 9. m.
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARE DULKEU 11 BIRTHPLACE OF FATHER ARE OF CAUSING DEATH, OF, in deaths from VIOLENT CAUSINS, state (1) MEANS OF INJURY; and (2) whether Accident CAUSINS, state (1) M	U(2) Trade, profession, or	nisea	ringe
Secondary	bus	siness, or establishment in	(Duration)	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE) At place of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191 20 UNDERTAKER ADDRESS		10 NAME OF FATHER AMES Nurseu 11 BIRTHPLACE OF FATHER (State or country) 12 Many Cause 13 BIRTHPLACE OF FATHER (State or country)	Secondary (Ouration) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death of	at illewel wed.
(lotormant) James Duken (Address) Midlund - Whythere (Address) Place of Burial or Removal Date of Burial 16 Filed Duke 23, 1915 Address 20 Undertaker Address		13 RISTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS) At place in the of deathyrs, mos, ds. Stateyrs,	B, INSTITUTIONS, TRANSIENTS,
Filed Sept 23, 1915 Al Paule 20 UNDERTAKER ADDRESS	1 march De la		If not at place of death?	
Filed Sup 23, 1915 1 Hauleb 20 UNDERTAKER ADDRESS	1.5	(Address) Midland Mayund	19 PLACE OF BURIAL OR REMOVAL	
			20 UNDERTAKER	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viocte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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V. S. No. 1.

N.B.

PLACE OF DEATH 15021 STATE OF MARYLAND			
County allegany CERTIFICATE OF DEATH			
6	Registration Dist. No.		
Village or City Curtuland (No all	[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEY 4 COLOR OF BACE 5 SINGLE.	16 DATE OF DEATH		
Male White MANNIED ON DIVORCED ON Write the word)	(Month) (Day) (Year)		
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from		
Clus 7	895 1915, to 01/1 7		
(Month) (Day)	that I last saw h alive on the date stated shows all says that I last saw h alive on the date stated shows all says all says and that death accounted on the date stated shows all says		
	IITS.		
yrs. mos. ds. OR	acute Tayrenaus Officehete		
a) Trade, profession, or	with Personalus		
(b) General nature of industry			
business, or esfablishmenf in which employed (or employer)	(Ourstion) yre. mos. ds.		
9 BIRTHPLACE (State or country)	Contributory Past operation Stroll		
- Somewest Counte	g. Va (Qurelion) yrs. mos. ds.		
10 NAME OF FATHER HOME A HOME AND	(Signed) ElBlolaghrelly M.O.		
0 11 BIRTHPLACE OF FATHER	D Left 23, 191 5 (Address) Churcheland up		
(State or country) Capper dell Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the		
(State or country) omen set, co	of deethyrsmosds. State,yrsmos, ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?		
(Informant) 1 - 20 Supplies O Trofle	May usuel residence Derlin Venusty varia		
(Address) Bullet Souls	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
15 FILES E P 22 1913 1 1/6x / 15to	20 UNDERTAKER ADDRESS		
REGIS	TRAR D. S. Buller City		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Redyesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from write None. engaged in domestic service for wages, as Servont, Cook, or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furn laborer, Loborer mobile fuctory. The material worked on may form part mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-Locomotive engineer, The question (b) Auto-

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible suicide. to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal scptichaemia," "Puenperal peritonitis," etc. State cause for which ete., when a definite disease can be ascertained as the "Heart failure," "H: emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Annemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Browrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," Never report mere "Atrophy," "Col-"Exhaustion," ACCIDENTAL, ("Con-

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BUREAU, V.S.

PHYSICIANS t statement of EXACTLY, PI Escherely RECORD classified PERSONAL AND STATISTICAL PARTICULARS SINGLE, 16 DATE OF GEATH 4 COLOR OR RACE stated MARRIED, PERMANENT WIDOWEO BINDING OR DIVORCEO (Write the word) properly ertificate. 6 DATE OF BIRTH ould 841 ce pe (Month) (Day) (Year) K Sh 7 AGE If LESS than 10 may FOR GE 1 day, hrs. back THIS min. ? 4 in terms, so that Instructions on OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in UNFADING carefully which employed (or employer) 9 BIRTHPLACE (State or country) S Secondary lain See 10 NAME OF pe FATHER 2 (Signed) WITH P DEATH in important. onid ARGIN S 11 BIRTHPLACE ARENT OF FATHER (State or country) PLAINLY, O L 12 MAIOEN NAME SUICIDAL OF HOMICIOAL OF C OF MOTHER 0 very DR RECENT RESIDENTS) EW 13 BIRTHPLACE At place inforr OF MOTHER WRITE US (State or country) yrs. Every item of inshould state CAT Where was disease contracted, CA If not at place of death? Former or ugual residence PLACE OF BURIAL 16 20 UNDERTAKER m

REGISTRAR

If more blanks are 196ded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

County

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.....

If death occurred in a hespital or institution. give its NAME instead of street and number.

MEDICAL CERTIFICATE OF DEATH 191 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from occurred on the date stated above, at m. was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAURES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the DATE OF BURIAL ADORESS

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should OCCUPATION IS RECORD statemen PERMANENT EXACTLY. Exact classified. be properly AGE supplied. pe may 2 that 20 pe terma, plnods plain information 2 EATH WRITE 0 OF Item Every item CAUSE OF important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, 1913 WIDDWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death __ yrs. ____ mos. __ State _____ yrs. ___ mos. _ ds. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. 15

20 UNDERTAKE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

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[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS t statement of	County alexand 15024 Village or City Sharing Class (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Exac	2 FULL NAME Charley	a hespitat or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y class	Marrieo, What's (Write the word) 4 color or race 5 SINGLE, MARRIEO, WIOOWEO OR DIVORCEO OR DIVORCEO	16 DATE OF DEATH (Month) (Day) , 1913
hould be stated EXAC be properly classified, certificate.	8 DATE OF BIRTH #5/- 2 1858	17 I HEREBY CERTIFY, That, I attended deceased from
0 × 0	(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at
A + P	7 yrs. mos. @ ds. OR min.?	The CAUSE OF DEATH * was as follows:
fully supplied. terms, so that structions on	(a) Trade, profession, or particular kind of work (b) General nature of lodustry	Typhoef Tron
	business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mes. ds.
ion should be care F DEATH in plain Important. See in	10 NAME OF FATHER COAST KISHEN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME	(Signed)
informat SAUSE O N is very	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placo In ths of deeth yrs. mes. do. State, yrs. mes. ds. Where was disease contracted, if not at place of death?
B.—Every item of should state ((Address) Circles Landard (Address) Circles Landard Filed Sept 9, 1915 a figuration REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Shows 9ah S.S
Z	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Batto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook. business, that fact may be indicated thus: Farmer (retired write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mill; (a) Salcsman, (b) Croccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material werked on may form part Locomotive engineer, But in many cases, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is lcss definite; avoid use of on Nomenclature of the American Medical Association.) surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemia," "Old Age," "Shock," "Uraemia," "Weakness," by railway The contributory (secondary or intercurtrain—accident; Revolver State cause Never report mere "Exhaustion," for which menou

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	age or Civernile Cand (No. Mester	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
J	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	1/1/	16 DATE OF DEATH (Month) (Day) (Year)
6 D	GE (Month) (Day) , 1 83.7	that last saw h alive on the date stated above, at 8
N.	Decupation a) Trade, profession, or articular kind of work b) General nature of industry justiness, or establishment in which employed (or employer)	The CAUSE OF DEATH * was as follows: Sutistical obstruction from an allers on between orienter to another (No Corduse of lawn or Cauchy) (Burstion) yrs mos 3 ds.
	STATE Country) Carber Country	Secondary Secondary (Ouralion) yre mos de
RENTS	11 BIRTHPLACE OF FATHER OF FATHER OF State of County of	(Signed) C. H. H. C. M. O. Sufat, 24, 191 S. (Address) Cerubblid, State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	13 BIRTHPLAGE OF MOTHER OF MOTHER (State of country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs
14.	(Informant) The south of the Best of Myknowledge	if not at place of death? Former or usual residence) Assurbuland MA
15	(Address) Consider of Middless (1912) Alan Julian REGISTRAR C	20 UNDERTAKER ADDRESS
0	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

A.L. the

[Approved by U. S. Consus and American Public Health
Association.]

write None business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Scroont, Cook Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Solesmon, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used mobile factory. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part If the occupation has been changed Architect, Locomolive At home. Care should be Never return "Laborer," If retired from engineer, (b) Anto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. "Puerperal peritonitis," etc. birth or miscarriage as "Puerperal septichucaria, cause. ctc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular leort disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes, Wheoping ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," "Exhaustion, State cause for which FOR VIOLENT DEATHS "Debility" ("Con-Never report mere "Atrophy," ACCIDENTAL, wound of

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

11	PLACE OF DEATH	STATE OF MARYLAND
Cour	nty aleg	CERTIFICATE OF DEATH
i	0	Registration Dist. No.
:	Fire thus 34 M	10.00
Villa	ge or City (No. 7, , //	a nospital of institution,
-	Charles - 3	give its NAME instead of street and number.
	² FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFY ATE OF DEATH
3 SE	/ minning	16 DATE OF DEATH
7	M WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
4	an 26 ,015	1910, to to 1913,
	(Month) (Day) (Year)	that I fast saw him alive on Off, 191 5,
7 AG	if LESS than 1 day, hrs.	and that death occurred on the date stated above, at the m.
	yrs mos ds OR min.?	The CAUSE OF DEATH # was as follows:
8.6	CCUPATION	
MINO	1) Trade, profession, or ricular kind of work	Elmand Land
(b) Beneral nature of industry siness, or establishment in	
wh	ich employed (or employer)	(Ourstian) yrs. mos. ds.
98	(State or country)	Contributory DOWN Secondary
	10 NAME OF A STATE	(Signed) (Burdijon) yrs. mos. ds.
S	11 BIRTHPLACE	2 1813 (Address) J. (Stally
RENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	OF MOTHER LEXIE Padly	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place: to the
	(State or country)	of deathyrsmosds, State,yrsmosds,
14 TI	HE ABOVE IS TRUE TO THE BEET OF MY KNOWLEDGE	Where was disease contracted, if not et plece of deeth?
	(informant) were supplied	Former or usuel residence
	+ toxolly	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
_	(Address)	Meganis Cen Sept 2 1815
15	Supt 2 5 Del A. Commy	20 UNDERTAKER // APDRESS /
FII	REGISTRAR	Jacob Jagur Frosburg
1	If more blanks are needed, address State Registrar/	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Very RECORD PERMANENT THIS INK WITH

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... If death occurred in hospital or Institution. give Its NAME Instead of street and number.] 2FULL NAME..... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from that I last saw h _____ alive on ______ 191____ (Month) (Day (Year) Uf LESS than and that death occurred on the date stated above, at ______m 1 day,hrs. The CAUSE OF DEATH * was as lollows: OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Buration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. (State or country) State _____ yrs. ____ mos. ___ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death?.... usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

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BUREAU, V.S.

7. S. No. 1.

15028 1 PLACE OF DEATH state Very County-PHYSICIANS should of OCCUPATION IS RECORD 2FULL NAME statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word) Exact stated DATE OF BIRTH classified. 4 pe (Month) (Day TAGE pinous UNFADING INK-THIS mos..... properly AGE OCCUPATION (a) Trade, profession, or particular kind of work. supplied. þe (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully 10 NAME OF 0 WITH 11 BIRTHPLACE OF FATHER (State or country) See Instructions on back ARENTS terms, pinous PLAINLY, 12 MAIDEN NAME plain OF MOTHER of information 13 BIRTHPLACE OF MOTHER (State or country) DEATH Every item Important. (Address) 15 0 ż



(Year)

If LESS than

1 day,....hrs.

OR min. ?

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

	Registrati	on Dist.	NO	
	St.;	-Ward)	[If death a hospital o give its NA	
tis fact	us	VYai	of street an	
MED	ICAL CERTIFI	CATE OF	PEATH	
16 DATE OF DEATH	Sip	1	11	1914
	Mor	ith)	(Day	(Year)
Sept 11	REBY GERTIF	Y. That I at	tended dece	, 191 <u>4</u>
that I last saw h		ac pri	//	06
The CAUSE OF DEA			OVE, at	
0	-	1		
Veven m	rulling.	trate	.	******
Died in	- deli	beres		
		7		
	(Dur	ation)	yrsmo	s,
Contributory		*****		14
Secondary	(0		* 11.0	1.1
AR	V (VOI	ration)	.yrsmo	
(Signed)	1110	gri		M.
lept 12 191.	(Address)	ture	More	o m
*State the DISEA CAUSES, state (1) TAL, SUICIDAL, or I		EATH, or, in	deaths free (2) whether	VIOLE:
18 LENGTH OF RESI	DENCE (FOR H			
OR RECENT RESIDE	NTS)	In the		
of death yrs, Where was disease contra	icted,		yrs,m	0\$ (
f not at place of death? Former or usual residence				
19 PLACE OF BURIA	L OR REMOVA	AL D	ATE OF BU	RIAL

., 191....

ADDRESS

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REGISTR

20 UNDERTAKER

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BUREAU.V.S.

V. S. No. 1.

N.B.

PLACE OF DEATH 15029	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
Ω 1	Registration Dist. No. [If death occurred in a hespital or institution, give its NAME instead
2 FULL NAME Johana /	farris ef street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
fluide Vlute 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH ATT 24, 1854 (Month) (Day) (Year)	that I last saw head alive on Syn. 8, 1915,
7 AGE 60 yrs. 9 mes. 21 ds. OR mea.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Julicle Busnels on John J
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF 10 10 10	(Bigssd) FW Foldsce M. C.
11 BIRTHPLACE OF FATHER (State or country) Treland	Sofn. 17 . 1910 (Address) Churcheland mf
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Hathering Toben	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TO THE BEST OF MY KNOWLEGE	OR RECENT RESIDENTS) At place in the first state, yes. mos. ds. State, yes. mos. de. Where was disease contracted, if not at place of death?
(Informant) Mary Halsh	Former er ueust rasidance
(Address) 191523 South St. 15 SEP18 191531 Hax Jutty	Latrice Bernely Date of Burial Date
If more blanks are needed address State Desistant 1	Tomo dem barrello Barrello Populating V S No. 1

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease causing DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING n'EATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges. peritonneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc.: The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptonis or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion." "Heart failure," "H emorrhage," "Inanition," "Maramus," "Old Age," "Shock," "Ura mia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
h l	Registration Dist. No.
Village or City Lumberland (No. 40)	Visite St.; Ward) [If death occurred in
7,	a nospital of institution
2 FULL NAME / NJUNE /	eesse Hitesheer of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, 71	16 DATE OF DEATH LABY 20 191
Jemale White (Write the word)	(Month) (Day) (Yea
G DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from 1915, to 920, 191
(Wath) (Day) , 187	12/19
7 AGE (AVANCE) (Day) (Ye	20
73 yrs 0 mos / 7 ds. OR mir	
(a) Trade, profession, or Housekeeper	- Carcinoma of tech
(b) General nature of Industry business, or establishment in	
which employed (or employer)	Contributory (Guration) // yrs. O mos.
9 BIRTHPLACE (State or country) Tud	Secondary
10 NAME OF OTA	(Ouration) yrs mos
thomas tray	(Signod) (Signod) (Address) 207 Va, Cov
State or country)	*State the DISTASE CAUSING DEATH, or, in deaths from JOHNY
of MOTHER Plan Bridges	CAUSES, state (1) Means of Injury; and (2) whether Accides AL, Suicidal or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OR RECENT RESIDENTS)
of MOTHER (State or country)	At place in the of deathyrsmesds. Stats,yrsmos
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Whara was diseasa contracted, If not at place of death?
(Informant) Hard Heteshey	Former or usual rasidence
to Win St	19 PLAGE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) 4 Plane 11	- Rosettell Cecu Jept 23,015
SHE P 22 1915, 191 / Wax Survish	20 UNDERTAKER KODRESS
REGISTRAL	A truis Alley Cely

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or At home. Care should be mobile factory. The material worked on may form part of the second statement. Never return "Laborer," or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy loborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, engaged in domestic service for wages, as Servant, Cook, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (o) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Cool mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupacer, Stationary fireman, etc. But in many very important, so that the relative healthful-For persons who have no occupation whatever, etc. If the occupation has been changed But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age,". "Shoek," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by corbolic ocid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic volvular heort disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver as "PUERPERAL seplichuemia," Examples: Accidental drawning; State cause for which Never report mere wound of

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RECEIVED

OCT 2 1015

DUTR "AUN".

Exact statement of	Village or City annubuland (No. Western 2 FULL NAME George Hope)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXAC	PERSONAL AND STATISTICAL PARTIGULARS	MEDICAL CERTIFICATE OF DEATH
clas	Male 4 COLOR OR RACE 5 SINGLE, WIDOWED OR OIVORCED (Write the word)	16 DATE OF DEATH Seff 30 (Month) (Day) (Year)
hould be st be properly certificate	6 DATE OF BIRTH Grand (Month) (Dav) , 186 (Year)	that I last saw h alive on Sett 30 1915
AGE shoult may be back of cel	7 AGE If LESS that 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 430 m.
so that	B OCCUPATION (a) Trade, profession, or a facility of work (b) General nature of industry business, or establishment in	Confirm of the control of the contro
e carefully su plain terms, See instructi	which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF ()	Contributory Cur over of Gair Secondary Hemours Thomas Oursiles yre. moe ds.
formation should be USEOF DEATH in is very important.	FATHER II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME II MAIDEN	(Signed) , M. 0. Self 30 , 181
	of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) OLD MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. /2 // de. Where was disease contracted,
Every item of ir should state CA OCCUPATION	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or Usual residence Doc Gully W. Va
m	15 Filed Clab 191 The Witten REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Scrautor Pa 10-2, 1915 20 UNIDERTAKER ADDRESS City
Z	If more blanks ar needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting Y. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or of the second statement. Never return "Laborer," "Forenian," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Plonler, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary freman, etc. But in many cases, precise specification as Day laborer, Farm loborer, Laborer of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery; (a) Poreman, (b) Antoknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) under the head of "Contributory." heod-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or misearriage as eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "An temia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of.... "Old Age," "Shock," "Uracmia," "Weakness," "Coma," The contributory (secondary or intercur-"Convulsions," "Debility" "Puerperal septicharmia," "Dropsy," "Exhaustion," State cause for which Never report mere (Recommendations "Atrophy," wound of ("Con-

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N. 3.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified... Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. Nu. 1.

PLACE OF DEATH 15032	STATE OF MARYLAND
County Allegany	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Current Ellen (No. 204, 9) 2 FULL NAME Hettie Bellen	3x4 St.; Ward) [It death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, PHARRIED	18 DATE OF DEATH
Temale White OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw has alive on Jepx 23, 1915,
7 AGE It LESS than	and that death occurred on the date stated above, at 90 m.
55 yrs. 1 mes. 10 ds. OR min.?	The CAUSE OF DEATH * was as follows:
SCCUPATION (a) Trade, prefession, or particular kind of work	Carcinonia goes blodder
(b) General nature of Industry husiness, or establishment in	(Ouration) yre, moe, de,
which employed (or employer)	Contributory Secondary
9 BIRTHPLACE (State or country) md	
10 NAME OF GOD W Folk	(Signed) (Burellon) yrs. mee. de.
11 BIRTHPLACE OF FATHER MA	Sept 24, 1915 (Address) Gunferland hed.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DIMFASE CAUBINO DEATH, or, in deaths from VIOLENT CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
of MOTHER Amanda Me Kensi	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place to the of deathyrsmseds. State,yrsmsede.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wee disease contrested, If sot at place of death?
(Informant) James Husly	Former or - usual residence
(Miress) 204 97 3 1251	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 SEP271913 Max Sutton	20 UNDEBTAKER ADDRESS
REGISTRAR	Louis Steen City
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease Causing DEATE. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonio (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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	PLACE OF DEATH 15033	STATE OF MARYLAND
C	ounty allegans	CERTIFICATE OF DEATH
		Registration Dist. No.
V	illage or City Boshowy (No. 52,	St.; Ward) [If death occurred in a hospital or institution, give its WAME lostead of street and number.]
	FULL NAME	7000
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	male While of wire the word	16 DATE OF DEATH (Month) (Day) (Year)
8.0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
- 5	May 13 1886	Jastif 1914, to Sept galy 4 1915.
	(Month) (Day) (Year)	that I last saw h & allve on Sefet 14,1915
7 A		and that death occurred on the date stated above, at 10 Pm.
	29 yrs. 4 mos. f ds. or	The CAUSE OF DEATH* was as follows:
2/0	CCUPATION	matral seguratules
(a	Frade, profession, or	
	Ceneral nature of Industry,	***************************************
bus	iness, or establishment in	(Duration) 7 yrs mos ds.
	ch employed (or employer)	Contributory Infamitary Theymatis
(8	RTHPLACE tate or country of the following the state of th	(Secondary)
	10 NAME OF THE FATHER TOWN WIS Richardson	(Signed) Deration) Tyrs mos ds.
TS	11 BIRTHPLACE 67	5/13, 1913. (Address) Jakalbray 114)
ARENTS	OF FATHER (State or country) Congland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL
PA	OF MOTHER Maney Miller	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the cf death yrs, mos, ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Jacob Odichardson	Former or usual residence
	(Address) Ofsoalburn My	19 PLACE OF BURIAL OR REMOVAL DATE OF/BURIAL
15	1.8x14 5-19" HA	alleg any Cem - 9/18, 1815
FII		20 UNDERTAKER ADDRESS
==	REGISTRAN	willing Jew Mind of Trother
	If more blanks are needed, address State Registral	r, o m. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, The question For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of långs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for -Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report

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0 0		PLACE OF DEATH 15034	STATE OF MAR		
nent	Count	y allogang	CERTIFICATE OF	DEATH	
HYSI		le 11	Registration Dist.	No.	
xact	Villag	ge or City No. (No. 1)	All Mard)	a hospital or institution, give its NAME instead of street and number.	
XACTL fied. E		2 FULL NAME JULY OSAWO	omson	or stroot and manager.	
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
cated E	3 SE)	ale Hill Single, MARRIED, WIDOWED OR DIVORCE	16 DATE OF DEATH September (Month)	(Day) , 191 5 (Year)	
be stat perly c lcate.	6 047	TE OF BIRTH (WF866 the WORD)	17 HEREBY CERTIFY, That latte	nded deceased from	
rtif		Month (Day) 19/54	that I last saw h M alive on Defin	des 2, 191	
	7 AGI		and that death occurred on the date state	ted above, at 2 Pm	
SE'S		vrs 10 mas ds. OR min.?	The CAUSE OF DEATH & was as follows	3:	
d. A at it it bank	9.00	CCUPATION	Dysalen	***************************************	
tha s on	/ V(a)	Trade, profession, or ticular kind of work			
suppli s, so t	(b)	General nature of Industry		/	
YE 3		ch employed (or employer)	Bad (Buratlen)	yrsds	
should be careful EATH in plain ter ortant. See instr	9 B1	(State or country) Maryland	Secondary (Burstion)	yrs. L m os. de	
		10 NAME OF Saac Thison	(Signed) HWIlow	, M. O	
	RENTS	11 BIRTHPLACE OF FATHER (State or country)	State the Disprase Causing Death, or, i Causes, state (1) Means of Injury; and (2 Suicidal or Homicidal.	n deaths from VIOLENT) whether ACCIDENTAL,	
OF D	PAR	12 MAIDEN NAME GENTINGE Printy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN		
forma USE O		OF MOTHER (State or country)	At place At place In the of deathyre,mesds. Stale, Where was disease contracted,	yrs. Amos de	
OC I	14 Th	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If net at place of death? Lang MA	,	
tate ATI		(Informant) James Foliason	Fermer or usual residence Lang Mid "		
ould s		(Address) non Employ, Ild	19 PLACE OF BURIAL OF REMOVAL	DATE OF BURIAL	
shoi OCC	16	ed Sell 4 1915 Mar Kirthy	20 UNDERTAKER	ADDRESS	
 	0	REGISTRAR	Lans otenn 1	Jambod	
4	Y	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -('oal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 de. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uraemia," "Weakness," or misearriage as "Puerperal septichaemia," by railway train-accident; Revolver The contributory (secondary or intercur-State cause for which (Recommendations "Exhaustion," nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. pe should INK-THIS properly AGE carefully supplied. may be UNFADING certificate. that It 80 0 WITH pe DEATH in plain terms. See instructions on back should PLAINLY, Information WRITE 0 CAUSE OF Important. S

state Very

Village or City

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

197696-1 PLACE OF DEATH County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.;	-Ward	
_			

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH	9-	11	, 1913
	(Month)	(Day	(Year)
17 I HERES	Y CERTIFY, That	I attended d	eceased from
	91 10 9	-11 -	- 1014
that I last saw hozza al	live on 9 -	10 -	191.6
			0
and that dasth occurred	on the date state	d above, at	07 9 n
The CAUSE OF DEATH *			
Parelygi	. 71	. 0	
- Junyan			*********
when I I	more		

· · · · · · · · · · · · · · · · · · ·	(Ouration)	yrs	.mosd
Secondary Secondary			
	- (A II)		
	Duration)	yrs	mosd
(Signed)			м 7
(Signed) 9-//- ,1915- (10	, 6	Y
9-//- ,1915- (Address) Lee	dron	2 MSG
*State the DISEASE C			
CAUSES, STATE (1) MEA	NS OF INJURY:	and (2) whet	her Acciden
TAL, SUICIDAL, OF HOMI	CIDAL.	, ,	
18 LENGTH OF RESIDEN	CE (FOR HOSPITAL	S. INSTITUTIONS	TRANSIENT
OR RECENT RESIDENTS			
At place	in the		

Zug

REGISTRAR

At place of death yrs, mos ds	in the State yrs.	mos
Where was disease contracted,		

Former or usual residence

19	PLA	CE	OF	BURIA	LOR	REM	OVAL
	2			711		01	411

DATE OF BURIAL

20 UNDERTAKER

ADDRESS.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE, 4 COLOR OR RAGE WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or amployer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

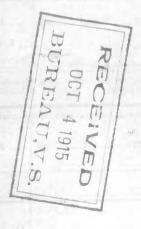
[Approved by U. S. Census and American Public Heaith Association.]

cated thus: Farmer (retired 6 yrs.) For persons statement. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same aecepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (seeondary), 10 ds. sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cte., when a definite disease can be ascertained as the ample: ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.



V. S. No. 1.

N. W

	PLACE OF DEATH 15036	STATE OF MARYLAND
Cour		CERTIFICATE OF DEATH
-		Registration Dist. No.
Villa	ge or City (No.	St.; Ward) [If death eccorred in a hospital or institution, give its NAME instead
	² FULL NAME & auto	af street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	(Month) (Day) (Year)	that I last saw h alive on 1915
7 AG		and that death occurred on the date stated above, at
) pa	CCUPATION Trade, profession, or Harling Ticular kind of work General nature of lodustry	Carm heflites
bu	siness, or establishment in ich emptayed (or employer)	(Guration) 2 yre. moe. de
	(State or country)	Contributory Secondary
	10 NAME OF FATHER Pub Rim	(Signed) (Burellen) yre mos de
STNI	OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARENT	12 MAIDEN NAME OF MOTHER DON'T Kum	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the ef doathyremeede. State,yremeede
14 TI	(Informant) La Harry (Informant)	Where were disease contracted, If not et place of deeth? Former or wount rasidance
	(Address) Int Saragelin	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Sept 10, 1915 T. a. S. Suma ford	20 UNDERTAKER Zin Stim Cambled
5	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. mill; (a) Salcsman, (b) Crocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return If retired from without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), Never report merc

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

7. S. No. 1.

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state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred laWard a hospital or institution. give Its NAME Instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month (Day (Ye 7 AGE If LESS than 1 day hrs OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ************************************* 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in. deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) disease contracted KNOWLEDGE It not at place of death: usual residence. (Address)..... 15 23 UNDERTAKE ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Furm luborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defaulte synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerferal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) tctanus) may be stated under the head Meastes (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



PLACE OF DEATH 15038 County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Frustling (No. 50 Me	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOVED OR DITORCED	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH May (Morth) (Day) (Year)	that I last saw h. We alive on 9 - 15, 1915,
TAGE It LESS than 1 day, hrs. OR mile.? 6 Occupation (a) Trade, profession, or particular kind of work Or with the second of the second or particular kind of work	and that death occurred on the date stated above, at 6 mm. The CAUSE OF DEATH * was as follows: Jeliya Vase of Lavell and to dute - Uf of the
(b) General nature of Industry business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **BURTHPLACE** (State or country)	Contributory a leduch the all
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 OF MOTHER 15 MAIDEN NAME OF MOTHER	(Signed) 181.5 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the of deeth yre. mee. de. Stete, yrs. mes. de. Where was disease contracted, if not at place of death?
(Address) Firsthey Wife (Address) Filed Alph 16, 1915 DE L. Conray	19 PLACE OF BURIAL OR REMOVAL Limberland Md 29 UNDERTAKER 4 N/ 10 ADDRESS
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part business or industry, and therefore an additional line Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, eer, Stationary fireman, etc. But in many For persons who have no occupation whatever, But in many cases, If retired from (b) Auto-

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under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver The nature of the injury, as fracture of skull, as "PUERPERAL septichaemia," State cause for which Never report mere (Recommendations "Exhaustion, punon



County Allegany	109	CERTIFICATE OF DEA
1	gret Knight	Registration Dist. No
PERSONAL AND STATIST	1	MEDICAL CERTIFICATE OF DEATH
	5 SINGLE, MARRIED, WIDOWED QR DIVORCE Q12	
6 DATE OF BIRTH	ril 6 1887	FREBY CERTIFY, That I attended dec
7 AGE 28 yrs. 5	If I ECO then	ath occurred on the date stated above OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or enipleyer)		(Burelion) yre.
9 BIRTHPLACE (State or country)	Contribu Secondar	(Suralion) yra.
10 NAME OF FATHER John	Sloan (Signed)	4, 1912 (Address) Caucaber the Disease Causing Death, or, in deaths from late (1) Means of Indur; and (2) whether A
C OF FATHER (State or country)	CAUSES, 8 SUICIDAL O	r Homicidal.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	land SURCIDAL OF RECENT At place of deeth	FRESIDENCE (FOR HOSPITALS, INSTITUTIONS RESIDENTS) In the To
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PARY 13 BIRTHPLACE	Land TOF MY KNOWLEDGE TOF MY KNOWLEDGE The state of death	FRESIDENCE (FOR HOSPITALS, INSTITUTIONS RESIDENTS) In the Te. Res. da. State, yrs se contracted, f deeth? Company of the state o
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST	SURIDAL OF SURIDAL OF RECENT At place of deeth	FRESIDENCE (FOR HOSPITALB, INSTITUTIONS RESIDENTS) In the Te. Rea. de. Stete, yrs to contracted, faculations General January BURIAL OR REMOVAL DATE OF B

FOR BINDING

MARGIN RESERVED

V. 8. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect. Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired) 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "H. emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surrical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, TSUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of Mead-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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OCT 2 1915

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BUREAU.V.S.

should PHYSICIANS should of OCCUPATION RECORD statement PERMANENT classified. 70 INK UNFADING may certificate. 0 terms, 0 ATH in plain EATH Jo A OF Item important. Every It 00

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Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... lit death occurred le a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. 191 WIDOWED, (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. was as follows: mos.....ds. OR 7 BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE Al place In the OF MOTHER (State or country) yrs. Where was disease contracted. If not at place of death? usual residence. REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto", Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully Employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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V. S. No. 1.

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PLACE O	F DEATH	15042 M		0	STATE OF M CERTIFICATE	
Village or City		clays (No. 2	BH, Y	Cax	Registration St.; Ward)	[tf death occurred in a hespital or institution, give its NAME instead of straet and number.]
	L NAME				DICAL CERTIFICATE	OF PEATL
	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	ugle	16 DATE OF DEA	TH Sept	7 ,191 5
6 DATE OF BIRTH	Se	hth) (Day)	1915 (Year)	Dept	h. alive on	7 ,191 ,
7 AGE	yrs,		It LESS then I day, hrs. OR min.?	The CAUSE OF	DEATH * was as fol	stated above, at
	of industry ilshment in employer)	New		Contributor		Della factus) you moo do
9 BIRTHPLACE (State or count 10 NAME OF FATHER 11 BIRTHPLA OF FATH (State or Count) 12 MAIDEN OF MOTO	ACE PRODUCTY) NAME	nacyla y It To nacyla	itig	(Signed) /State the CAUSES, state SUICIDAL OF Ho	191 A (Address) Diskase Causing Dhath, (1) Means of Injury; an	or, in deaths from VIOLENT d (2) whether ACCIDENTAL,
13 BIRTHPL OF MOTH (State of	ACE (ER COUNTRY)	AUGUA BT OF MY KNOWLE	nd DGE	OR RECENT RES At place of doothyrs. Where was disease co	tnmes,de, \$.s, institutions, Teansients, the lete,yreeede,
(Address) 15 Flad. S.E.P.1	leum,	l'Elan	1 Touch	19 PLACE OF BU	RIAL OR REMOVAL	DATE OF BURIAL , 191
	If more blanks	are needed, address 8		6 W. Saratoga St., I	Balto., Requesting V. S. No	o. 1.

[Approved by U. S. Census and American Public Health Association.]

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BINDING

FOR

RESERVED

MARGIN

V. 8. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	County Sille agree	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or Ciples Seulen Uno. 14, A	St; Ward) [if death accurred in a hespital or institution, give its NAME instead af street and number.]
=	2 FULL NAMECHINA Jamise	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORTED OR DIVORTED OR DIVORTED	16 DATE OF DEATH (Month) (Day) (Year)
	DATE OF BIRTH Colla 29 1873	HEREBY CERTIFY, That I attended deceased from
	(Month (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at Am.
	42 yrs. (mes. 2/ds. or min.?	The CAUSE OF DEATH * was as follows:
	(a) Trade, prefession, or particular kind of work (b) General nature of Industry	Child with
	business, or establishment in which emplayed (or emplayer).	(Buration) yrs mos da.
	9 BIRTHPLACE (State or country) 221 d	Secondary (Buratlen) VE TO TOO 1
	10 NAME OF PATHER MASTE! Parell	(Signod) A JUNI EOU MACHE. M. O.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISPASE JAURING DNATH, or, in deaths from VIOLENT CAUSES, state (1) Years OF INJUNY; and (2) whether ACCIDENTAL,
	of Mother Crittie 9 Diggs	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) West Ua	OR RECENT RESIDENTS) At place In the of deethyrsmesds. State,yremesde.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) That That I have	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
	16 SEP 22 1913 Mer West ton	20 UNDERTARER ADDRESS
	Fled , 181 REGISTRAR	Jouis Stews City
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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EXACTLY. PHYSICIANS sified, Exact statement of classified, ZOZ properly should pe cel of may Ш back O 4 tha ed ō supplies, so t terms, Instructi fully See d N ۵ 0 Very informa SAUSE (2 should state CAI

m

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No...... If death occurred inWard) a hospital or institution. give Its NAME Instead of street and number. T ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH, 191....., to. (Year) that I last saw h..... alive on onth) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: min. ? OR OCCUPATION
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF 11 BIRTHPLACE (Address) ENT OF FATHER (State or country *State The DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, Œ 12 MAIDEN NAME SUICIOAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of deathyrs.mes. State. Where was disease contracted. 14 THE ABOVE IS KNOWLEDGE if not at place of death?..... Former or usual residence PLACE OF BURIAL OR REMOVAL (Address 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal nitre, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

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SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," lapse," "Coma," "Convulsions," "Debility" "Anaemia" (mercly symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichaemia," cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Caneer" is less definite; avoid use of under the head of "Contributory." (Recommendations Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound State eause for which Never report mere "Atrophy," ("Con-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD B

PLACE OF DEATH 15045	STATE OF MARYLAND
. 0 1/	CERTIFICATE OF DEATH
County Clegary	10 ¹ /
	Registration Dist, No.
Village or City Janey Store (No.	St.: Ward) [if death occurred la
	a hospital or institution, give its NAME instead
FULL NAME Vauline	Diller of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Female White (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 Of HEREBY CERTIFY, That I attended deceased from
Anna 12	September 25, 1913', todepluster 30, 1915-
(Moyth) (Day Year)	that I last saw hing alive on Al felin line 30, 1910
7 AGE If LESS than	and that death occurred on the date stated above, at 350 Am
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos os OR min.?	acreti Dispetilia Disselva
(a) Trade, protession, or	
(b) General nature of Industry,	4
business, or establishment in	(Duration) yrs. mos. 27 ds
which employed (or employer)	
9 BIRTHPLACE (State or country)	Secondary 0
10 NAME OF CO.	(Duration)yrsmosds
FATHER CO. hi.00	(Signed) When I along I M. D.
O 11 BIRTHPLACE	Sefetto 1915 (Address) Concer June Med.
OF FATHER (State or country)	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CASSES, state (1) MEANS OF INJUSTA and (2) whether Acciden-
of MOTHER Ocesie Mann	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOANSIENTS
13 BIRTHPLACE OF MOTHER	or RECENT RESIDENTS) At place In the
(State or country) //asurous.	of death yrs ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Tarfilld Miller	Former or usual residence
By Sty Sty	
(Address) Jany Jerow Ma	Ehli lit of
LHAN LHAM	20 UNDERTAKER ADDRESS
Fled MASO, 1915 July Larry REGISTRAR	ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	The state of the s

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precisc statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal schtichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustlon," thenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



PHYSICIAN t statement EXACTLY. P RECORD classified stated PERMANENT riy certificate 90 pe of may back AGI E O plied. tha SUO SO sup ER/ rms, Instructi te 0 ... S. S. pe C ARGIN pino rtant. I d N LJ oduni ation 0 B. 0 Ew of infor S WRITE 0 should state CA d 0

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No If death eccurred in a hespital or institution. give its NAME instead of street and number. 7 PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH 5 SINGLE. 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Month) (Day) OERTIFY, That I attended deceased 6 DATE OF BIRTH , 191 7 AGE If LESS than and that death occurred on the date stated above. 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 SCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER O 11 BIRTHPLACE OF FATHER (State of country) ENT *State the DISPASS CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. Œ 12 MAIDEN NAME MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of doothyrs.ds. State, yrs, mee. (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE if not at place of death?..... Former or (Informant usuel residence 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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d. Exact statement of	Village or City where ohn main ?	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Maryland St.; Ward) [If death occurred in a hospital or institution, give its HAME instead of street and number.]
ifie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ly class	Male White Single, MARRIED, WIDOWED OR DIVORCED Harried	16 DATE OF DEATH (Month) (Day) (Year)
se proper certificat	6 DATE OF BIRTH April 13, 1867 (Yoar)	17 I HEREBY CERTIFY, That I attended deceased from Seff 6 ,1915, to Jeff 5 ,1913, that I last saw by alive on Deff 6 ,1913.
it may b back of c	7 AGE 48 yrs 5 mes 3 ds or min.?	and that death occurred on the date stated above, at 3.2. m. The CAUSE OF DEATH * was as follows:
so that	particular kind of work By Orailway Conduct (b) General nature of ledustry	Jollow ackedent
n terms, instructi	business, or establishment in which employed (or employer) BIRTHPLACE (State or country) The country of the c	Contributory Sugal Ruck
d in plai nt. See	10 NAME OF FATHER AMUS S. Myers	(Signed) P (Buzzlion) yrs. mae /z de. (Signed) P (Buzzlion) M. 0.
DEAT	U 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OT MOTHER	*State the Disease Causing Phath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
USE OF	13 BIRTHPLACE OF MOTHER (State or country) Paraton Co 10 10	18 LENGTH OF REBIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the State, Syre
state CA	(Informat) Mary C. MyErs	Where was disease contracted, if not at place of death? Former or usual residence We describe the second of the
Should s	16 SEP 20 1918 Mar Viston	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL POSCHELO COLO Sept. 10 191 5 29 UNDERTAKER ADDRESS
3	FREE 191	Louis Thin Git
	If more blanks are needed, address State Registrar, 1	o w. caratoga St., Balto., Requesting v. S. No. I.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEPSO INIO

N. B.

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Village or City and John Mee	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. M. Ceubre St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal Color or RACE MARRIED, Married Write the word) 8 DATE OF BIRTH Jefy 22, 1869	16 DATE OF DEATH Split (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deseased from May 1915, to Split 3, 1918, that I last saw h was alive on Split 2, 1913.
(Mongh) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	and that death occurred on the date stated above, at m. The GAUSE OF DEATH* was as 16 lows: Cauchy of this af (Buration)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLAGE OF BURIAC OR REMOVAL 19 PLAGE OF BURIAC OR REMOVAL 20 UNDERTAKER ADDRESS Level. Well.

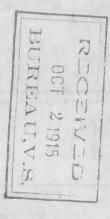
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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eated thus; of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line wili be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopueumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemiu," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite discase can be ascertained as the Bronchopncumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report For vio-



RECORD PERMANENT 0 UNFADING DEATH 6 OF CAUSE

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PARENTS mportant.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... If death occurred in St:----Ward) a hospital or Institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, OR RACE MARRIED, WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or countr __ mos. 14 THE ABOVE Where was disease contracted. If not at place of death?... Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL OF BURIAL (Address 15 20 UNDERTAKER ADDRESS

(Year)

If more blanks are needed, address (State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned mia," "Puerperal peritonitis," etc. childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUNS.

S. No.

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County allegan 15050	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
VIIIage or City Consolidated (No. 10 1,3 s	St.; Ward) [If death occurred in a hespital er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Males 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED 6 OR DIVORCED	16 DATE OF DEATH Seph. 25, 1915 (Month) (Day) (Year)
© DATE OF BIRTH (Month) (Day) (Year)	17 Sept. 2 3 , 1915, to Sept. 24 , 1915 that I last saw home alive on Sept. 24 , 1915
7 AGE If LESS than 1 day, trs. OR min.?	and that death occurred on the date stated above, at 2 gm The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment to which employed (or employer) 9 BIRTHPLACE (State or country)	(Burefien) yrs. mos. / ds Contributory Secondary (Bursfien) yrs. mes. ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth
(Informant) John Wellaconons	Former or usual residence
(Address) Annihard Address (Address) Annihard	20 UNDERTAKER HOLFOND CUNTY LOND
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs:), For persons who have no occupation whatever, write None

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fiver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 25 1919

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH

Vitta	age or City Cumberland (No. 2 A.	Ward) [It death occurr a hospital or instille give its NAME in: of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale White Single, wipowed on Divorced on Divorced (Write the word)	18 DATE OF DEATH (Month) (Day) (18)
6 DA	TE OF BIRTH Informe 1 1914	Jeff 1910, to 1917 23
7 AG	(Month) (Day) (Year) It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
pa (b) General nature of industry	
bu wh	islness, or establishment in the state of th	Contributory Proceedings mes / C
bu wh	siness, or establishment in	Contributory Promodula
ENTS H	Instruction of the state of country) 10 NAME OF Christopher Charles 11 BIRTHPLACE (State or country) 12 BIRTHPLACE (State or country) 13 BIRTHPLACE (State or country) 14 BIRTHPLACE (State or country)	(Signed) (Signed) (Signed) (State the Dispasse Causino Draffi, or, in deaths from Violes Causins, state (1) Means of Injury; and (2) whether Accidenta
9 B	10 NAME OF STATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE	(Signed) (Signed) (State the DISPASE CAUSINO DEATH, Or, in deaths from VIOLEI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS)
PARENTS WANTED	ISINESS, or establishment in inch employed (or employer) IRTHPLACE (State or country) 10 NAME OF Chrystoffer Charlet III BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER COP MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed) (Signed) (Signed) (State the DISEASE CAUSINO DEATH, OT, in deaths from Violes Causes, state (1) Means of Injury; and (2) whether Accidenta Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENCE) At place In the of death yrs. mes. ds. State, yrs. mes.
PARENTS WANTED	10 NAME OF Chystoller Charter 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Signed) (State the DINEASE CAUSINO DEATH, or, in deaths from Viole Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA SUICIDAL or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENCE) At place In the of death yrs. mes. ds. State, yrs. mos. Where was disasse contracted, if not at place of death? Former or usual residences
PARENTS WANTED	10 NAME OF FATHER State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Signed) (Signed) (Signed) (State the DISEASE CAUSINO DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA SUICIDAL or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENCE) At place in the of death yrs. mes. ds. State, yrs. mos. Where was disease contracted, if not at place of death? Former or

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cion, Campositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write Nanc. business, that fact may be indicated thus: Farmer (religed Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook precise specification as Day labarer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Cool minc, etc: Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material werked on may form part Never return "Laborer," If retired from without more (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia. Rroachapneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drawning; mus," "Old Age," "Shoek," "Uracınia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (pame origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL scptichaemia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Heart failure," "Haemorrhage," "Inanition," "Marasby railwoy (secondary), 10 ds. The contributory (secondary or intercurtroin-accident; Revolver State cause for which Never (Recommendations "Exhaustion," report mere important. mound



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

Village or City



STATE OF MARYLAND CERTIFICATE OF DEATH '.

Registration Dist. No

S	t :	**********	V	V	2	r	d	١
	pel	**********		щ	66		ы.	,

[If death occurred is a hospital or institution, give its NAME lostead of street and number.]

FULL NAME Jun. W. CVVIOU	2FULL NAME John.	W.	Chri	Tou
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PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
OATE OF BIRTH (Morth) (Day (Year)	Sept 14 191 b, to Sept 1916 that I last saw harm alive on Sept 1916
OCCUPATION (a) Trade, profession, or bartleular kind of work	and that death occurred on the date stated above, at 1.301. The CAUSE OF DEATH* was as follows: Dorder - Renal Brokey
(b) General nature of Industry, business, or establishmeat in which employed (or employar)	(Ouration) yrs. 2 mos da
10 NAME OF FATHER COMMENT OF FATHER COMMENT OF FATHER (State or country) 12 MAIDEN NAME OF MCANNE OF MOTHER COMMENT OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	At place is the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	of death
Filed Affr / 1912 / Maclaux Registran	Western fest tud Sept 18, 1915 20 UNDERTAKER ADDRESS WITH MURILLER REMOVAL DATE OF BURIAL ADDRESS LECTURE 1915

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptiehacmus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which snrgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



1 PLACE OF DEATH Office of DEATH 15053	STATE OF MARYLAND CERTIFICATE OF DEATH
age or City Cumberland (No. 8 Cl FULL NAME George Milton	Registration Dist. No. [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALO White the word: ATE OF BIRTH 4 COLOR OR RACE S SINGLE, MARRIED, MARRIED, Wildowed, Write the word: 4 COLOR OR RACE MARRIED, Wildowed, Write the word: 4 COLOR OR RACE MARRIED, Wildowed, Write the word: 4 COLOR OR RACE MARRIED, Wildowed, Write the word: 4 COLOR OR RACE MARRIED, Wildowed, Write the word:	16 DATE OF DEATH 9-8 (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from the company of t
Month) (Day) (Year) GE If LESS than 1 day, hrs. OR mln.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
a) Trade, profession, or Jish Duph Public Schools b) General nature of industry usiness, or establishment in hich employed (or employer)	(Burallon) yrs. mos.
10 NAME OF PATHER LICHIBAL PERGER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAMED 12 MAIDEN NAMED	(Signed) (Signed) (State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER TUSURA A ICKET 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IF TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of death
(Address) to 8 Chase SF.	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
OF FATHER (Stake or country) 12 MAIDEN NAMP OF MOTHER DUBLIA DICKS 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) SEP 11 19 19 Max Julion	*State the DISEASE CAUSING DRATH, Or, in deal Causes, state (1) Means of Injury; and (2) whet Suicidal of Homicidal. 18 Length of Residence (for Hospitals, Institution of Recent Residents) At piece in the of death yrs. mes. de. Stats, yr Where was disease contracted, if fol at place of death? Fermor or issual residence. 19 PLACE OF SURIAL OR REMOVAL DATE ADDRAGATE 20 UNDERTAKER ADDRAGATE ADDRAGATE

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as Al school or Al home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many eases, first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various, pursuits can be known. The question business or industry, and therefore an additional line -Coal mine, etc. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, surgical operation was undertaken. For violent deaths ete., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marusgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; or miscarriage as "Puerperal septichaemia," "Old Age," -"Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from childrailway train-accident; Revolver The contributory (secondary or intercur-Never report mere wound of

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RECEIVED

OCT 2 1915

BUREAU, V.S.

V. S. No. 1,

County allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Central edand (No. W. Md.	Registration Dist. No. St.; Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, Leight Whowen on Drugger On Drugger	16 DATE OF DEATH Set (Month) (Day) (Year)
6 DATE OF BIRTH Month (Day) (Year)	that I last saw her alive on of 1915, 1915
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, a 3 1, m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in	Duration) yes mos 3 ds
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Ouration) (Ouration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Buration) (Signed) (Management of the signed
TATHER PRIMICES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	.*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state. (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. s. Stata, yrs. mos. day Where wes disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MX KNOWDEDGE (Informant)	Former or Jarrett Pa
(Address) Filed Left 16, 191). Max Juston	19 BEACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar,	15 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salexman, (b) Grocery; (a) Foreman, (b) Autocum, Compositor, Architect, Locomotive engineer, Ciril engineer, Stationary fireman, etc. But in many cases, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. cte., when a definite disease can be ascertained as the "Anaemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Conto determine definitely. birth or miscarriage "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitiol -"Tumor" for malignant neoplasms); Measles; Whooping nephrilis, etc. by railway train-accident; Revolver wound of "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-The contributory (secondary or intercuras "PUERPERAL Examples: Accidental drowning; "Dropsy," State cause for which Never report mere (Recommendations "Exhaustion, septichaemia,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT 21915

BURBATTAS.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

H

Coun	PLACE OF DEATH . 15055	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Villa	go or City auchuland (No. 32, for Po	[If death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH September // , 1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 191 and that death decurred on the date stated above, at
Dair (b	yrs	The CAUSE OF DEATH * was as follows:
whi	RTHPLACE (State or country) (symplectical), Messy Case	Contributory Secondary (Burstion), yrs. mos. ds.
RENTS	10 NAME OF PATHER The Callock 11 BIRTHPLACE OF FATHER (State or country) 12 Many Lund	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MRANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL.
PAF	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piecs In the of desth
	(Informant)	Where was disease contracted, If not all place of death? Former or usual residence
16 F(e	REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL (Despois) DATE OF BURIAL (Despois) 20 UNDERTAKER ADORESS LIMITURE LIM
	If more blanks are needed, address State Registrar, 1	10 w. Saratoga St., Balto., Requesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect. Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Satesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"), Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," . etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

819131919

V. S. No. 1.

RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

15056

County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Fif death occurred in

VII	2FULL NAME	St.; Ware	a hospital or lostitution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 5	EX COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORGEO (Write the word)	16 DATE OF DEATH (Month)	(Day (Year)
6 D	(Month) (Day (Year)	0 1 1 - 00	t I attended decessed from
TA	(1001)	and that desth occurred on the date state. The CAUSE OF DEATH* was as follows:	
(a pa (b) bus	CCUPATION) Trade, profession, or ritcular kind of work) General nature of industry, siness, or establishment in ich employed (or employer)	men	Crs mos. ds.
-	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	Contributory Secondary (Signed) *State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	yrs mos ds.
۵,	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, If not at place of death?	s, Instructions, Transients.
15	(Informant) Calchard Carl	Former or usual residence	DATE OF BURIAL
Fil	ed, 191	20 UNDERTAKER	ADDRESS
	If more blanks are needed, address State Regist	trar. 6 E. Franklin St. Relto. Possesting V.	S No 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the been changed or given up on aecount of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specfstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For vio-



EXACTLY. PHYSICIANS sified, Exact statement of

be properly classified.

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WRITE

S. No. 1.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in ...Ward) hospital or institution. give its NAME Instead ot street and number. ² FULL NAME PERSONAL AND STATISTICAL MEDICAL CERTIFIC SINGLE. 4 COLOR OR RACE B 16 DATE OF MARRIED WIDOWED OR DIVORCED (Month) (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, a The CAUSE OF DEATH * was as follows: B OCCUPATION
(a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in (Duration) which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER *State the Disease Causing Death, or, in deaths from Violent sea. state (1) Means of Injury; and (2) whether Accidental, (State or country) Causes, state (1) Means of Injury; and (2) 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) State. should state CAI Whore was disease confrected. if not at place of death? Former or usuel residence BURIAL (Address' 15 20 UND RTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question If retired from (b) Autoof age.

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surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness," suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck to determine definitely. Examples: Accidental drowning. "Puenpenal perilonitis," etc. State cause for which birth or misearriage etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Heart failure," "Hacmorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puerperal septichaemia, "Dropsy," Never report mere "Exhaustion," Whooping

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RECEIVED

OCT 21915

BUREAU, V.S.

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ANS ent of	County Allegany 15058	STATE OF MARYLAND CERTIFICATE OF DEATH
Exact stateme	Village or City bumberland (No. 19,	Registration Dist. No. St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
ACT	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF REAL
stated EX ly classifi e.	3 SEX' 4 COLOR OR RACE WIDOWED OR DIVORCED	16 DATE OF DEATH SUPPLY 30 (Month) (Day) (Year)
e proper	6 DATE OF BIRTH SEAL 30 1915 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1915, that I last saw h? alive on Sept. 30, 1915,
AGE slit may back of	7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at #309m. The CAUSE OF DEATH * mas as follows:
y supplied. ms, so that uctions on	(a) Trade, profession, or particular kind of work (b) General nature of ladustry business, or establishment in which employed (or employer)	(Buration) yrs moe de
plain terms, See instructi	9 BIRTHPLACE (State or country) Malyland	Secondary Secondary (Burglian) (Burglian) (Burglian)
F DEATH In F	FATHER CALL CUSES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME TO THE PARTY OF T	(Signed) Charlette D. Levely 18.6. Oct. 4, 181.5 (Address) Charlette Discharge Causing Drath, or, in deaths from Violence Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicions.
Informat AUSE O	of MOTHER Mabel Lung 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	(Informant) (Informant)	If not at place of death? Former or uenot residence
I. B.—Every item of should state C OCCUPATION	(Address) Seumberland, Min 15 Fled Och 4, 191 5 Max Justin	Description Date of Burial Del H. 191.5. 20 UNDERTAKER Father Pather Countries
Z	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect. Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired) 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, ctc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated Juneer the head of "Contributory." (Recommendations I on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS N. B.—Every item of information of DFATH in plain terms, so that it may be proberly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

County County County	15059	(M)	STATE OF MACE CERTIFICATE Registration D	
Village or Gity Cacasays	ary alie	e Robin		[If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATIST	TICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
Jemale Strile 6 DATE OF BIRTH			(Month) REBY CERTIFY, That I a	
** OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer)	mos. 12 ds. OR.	min.? The CAUSE O	OF DEATH # was as follows.	J= : 1
10 NAME OF FATHER MUSIC 11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BES	Senell Senell Ereland Brawfus For MY KNOWLEDGE Robinson	B LENGTH OF OR RECENT I At place of ideathyr Where was disease If not all place of Former or usual residence	, 191.5. (Address) Arm. the DISEASE CAUSINO DEATH, cite (1) MEANS OF INJURY; and HOMICIOAL. RESIDENCE (FOR HOSPITALS RESIDENTS) to the state of the	Jes Land Musor, in deaths from VIOLENT (2) whether ACCIDENTAL,
(Address) 15 Filed 1913-7	Willam	STAN 20 UNDERTAR FORM	Drose bemelen	ADDRESS Bounded

[Approved by U. S. Census and American Public Health

mill; (a) Salesmon, (b) (racery: (a) Foreman, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons cuiployed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial comployments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, engaged in doinestic service for wages, as Servant, Cook business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coul mine, etc. is very important, so that the relative healthful-Campositar, For persons who have no occupation whatever The material worked on may form part Architect, Women at home, who are engaged in Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, menin-CAUSING DEATH (the primary affection with respect to Lobar Typhoid ferer spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebro-Statement of Cause of Death-Name, first, the DISEASE and causation), for the same disease. purumonia, (never report "Typhoid Bronchopneumonia "("Pneumonia, using always the same accepted Examples: pneumonia" Cerebrospinal

> mus, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent neaths "Puerperal peritonitis," etc. chopneumonia nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meusles; Whooping (name origin; "Cancer" ges, peritonaeum, etc., Carrinoma, Sarcoma, etc., of..... on Nomenelature of the American Medical Association.) Struck by railway etc., when a definite disease can be ascertained as the "Heart failure," genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (discuss causing death), 29 ds.; Bronrent) affection need not be stated unless important to determine definitely. " "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-," "H emorrhage, (secondary), The contributory (secondary or intercurtrain-accident; Revolver. Examples: Accidental drowning; is less definite; avoid use of "PUERPERAL 10 ds. "Dropsy," ," "Inanition," "Maras-State cause for which Never report mere "Exhaustion," septichaemia," ACCIDENTAL, to bunow



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PHYSICIAN

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .--It death occurred in a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Month) (Day) CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) 7 AGE If LESS than 1 day, / hrst The CAUSE OF DEATH * was as follows: OR min.? yrs mos ds 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or employer). 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF important. 11 BIRTHPLACE RENT OF FATHER. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL 12 MAIDEN NAME OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State, yrs.mos. (State or country)yrs.mos.ds. Should state CAI Where was disease contracted, if not at place of death? Former or usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. write None. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesmon, (b) (rocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Collon first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Rronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway troin-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septiehacmia," cause. Always qualify all diseases resulting from child-"Heart failure," "H. emorrhage," "Inanition," "Maraschopneumonia rent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles, Whooping on Nomenclature of the American Medical Association. suicide. The nature of the injury, as fracture of skull, to determine definitely. Example: Measles (disease causing death), 29 ds.; Bron-(secondary), 10 ds. The contributory (secondary or intercur-Examples: Accidental drowning, "Lropsy," State cause for which Never report mere "Exhaustion," ACCIDENTAL, important wound of



	PLACE OF DEATH 15061	STATE OF M	
Count	allegung.	CERTIFICATE	OF DEATH
June A		Registration	Dist. No.
Villag	or City Cumberland (No. 14, De	respect (St.; Ward)	[tf death occurred in a hospital or institution give its NAME instea
- Vs	2 FULL NAME Infant Ros	mmerkle	of street and number.
a 144 a	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	and White 5 SINGLE, MARRIED, Single or DIVORCED (Write the word)	16 DATE OF DEATH Seplember (Mont	
6 DAT	TE OF BIRTH	17 I HEREBY CERTIFY, That I	attended deceased from, 1915
	(Month) (Day) (Year)	that I last saw h alive on	ept-6, 1918
7 AGE	If LESS than 1 day, 3 hps.	and that death occurred on the date	
	yrs. mos. ds. OR mlo.?	The CAUSE OF DEATH * was as fol	lows:
8 oc	CUPATION Trade, profession, or	Chemature !	forth-
part	licular kind of work.		
busi	General nature of industry iness, or establishment in ch employed (or employer))yrsmos
9 B11	(State or country) Ind.	Contributory Secondary (Oursilor) yrs. mos.
	10 NAME OF AWROSENMERALE	(Signed) Signed	C C. to Si
ENTS	11 BIRTHPLACE OF FATHER (State or country) 2nd.	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; at SUICIDAL OF HOMICIDAL.	or, in deaths from VIOLENT and (2) whether ACCIDENTAL,
PAR	12 MAIDEN NAME Clara Aligas.	18 LENGTH OF RESIDENCE (FOR HOSPITA	LS, INSTITUTIONS, TRANSIER
	13 BIRTHPLACE OF MOTHER (State or country) And.	At place	tate,yrs,mes
	(Informant) 6. 11 Rosinsmerkle	if not al place of death ? Former or usual residence	
	(Address) 14 Bernian II	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 File	6 P. 7 1915 191 Max lun REGISTRAR	20 UNDERTAKER	ADDRESS
-	If more blanks are needed, address State Registrar,	10 W Contact St. Dates Dequesting V S N	1 1

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servont, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Form laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever If the occupation has been changed Women at home, who are engaged in At home. Care should be Never return If retired from "Laborer," (b) Auto-

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genital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Cona," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitio ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Aecidentol drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee heod-homicide; Poisoned by carbolic ocid-probably Struck by railwoy train-accident; Revolver wound of "Heart failure," "Haemorrhage," "Inanition," "Maras or miscarriage "Old Age," "Shock," "Uracmia," "Weakness," The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion," as "Puerperal septiehaemia," State cause for which Never report mere



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UNFADING

RECORD

PERMANENT

Very should OCCUPATION Registration Dist. No.. PHYSICIANS statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIOOWED, Month ORDIVORCEO (Write the word) DATE OF BIRTH (Month (Day (Year) TAGE should It LESS than 1 day, hrs. ORmin. ? mos..... properly OCCUPATION AGI (a) Trade, protession, or particular kind of work. be supplied. (b) General nature of industry. business, or establishment in may (Duration) which employed (or employer) BIRTHPLACE Contributory. (State or country) Secondary that (Duration) 10 NAME OF FATHER 80 (Signed) 0 back ARENTS terms. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME plain instructions OF MOTHER OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place OF MOTHER (State or country) EATH ot death _____ yrs. ___ _ mos. Where was disease contracted. See PE it not at place of death?.. Former or OF Every Item CAUSE OF Important. osual residence BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR

15062

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

It death occurred is a hospital or institution. give its NAME Instead

ot street and number.)

191. (Day (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary fireman, etc. But in many For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

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ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less dcfinite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURTAU.V.S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARY	YLAND
Coun	Wellerand	CERTIFICATE OF	DEATH
		Registration Dist.	No
Villag	ge or City Sumfuland (No. 347, 1) 2 FULL NAME Caroline X	Selection St.; Ward)	[If death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, MIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH	Z/, 1915 (Day) (Year)
esi	Tanki gradus	17 HEREBY CERTIFY, That atter	nded deceased from
DA	TE OF BIRTH 1839	(1319 21, 1915, to 12)	1915,
7 AG	(Month) (Day) (Year)	and that death occurred on the date state	ed above at / 50 m.
	1 day, hrs.	The CAUSE OF DEATH * was as follows:	
-	7 G yrs. O mos. ds. OR min.?	Exhaust	
X (a	OCCUPATION Trade, profession, or Tloular kind of work	-	
(b) General nature of industry		**************************************
	siness, or establishment in the contract of the employed (or employer)	(Ouration)	yrs mos da.
9 B1	RTHPLACE (State or country)	Contributors Secondary	umn
	10 NAME OF FATHER	(Signed) (Quration)	7, M. C.
S	"BIRTHPLACE	14/12/, 191 5 (Address) 1. 5.	Vc Centriso
RENT	(State or country)	*State the Disease Causing Death, or, in Causes, state (1) Means of Indury; and (2)	deaths from VIOLENT whether ACCURNTAL,
PAR	12 MAIDEN NAME OF MOTHER Salving Reune 1	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INC.	STITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At placa In the of death	yrsmosds.
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
	(Informant) Salker & Dabler	Former or usual residence	***************************************
	(Address) Cumbelland Mi	190.17 160	PATE OF BURIAL
15	3 E P 22 1915 191 Max Hirlton	20 ONBERTAKER A	ADDRESS
Fil	REGISTRAR	Jours Stew	City.
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Wossen at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager, of the second statement. Never return mobile factory. The material worked on may form part business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, " "Dealer," etc., without more If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," "Old Age," "Shock," "Uracniia," "Weakness," cough; Chronic valeular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCINENTAL, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drouming; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. by railway The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never "Exhaustion," report mere n.ound



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15064 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Month) (Day) (Year) HEREBY CERTIFY. That I attended deceas (Year) (Month (Day) 7 AGE If LESS than and that death occurred on the date stated above, at A 1 day, hrs. was as follows: mla.? OR OCCUPATION (a) Trade, projession, or particular kind of work. (b) General nature of Industry business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE RENT OF FATHER *State the PINEASS CAUSING DEATH, or, in deaths from VIOLENT (State or country CAUSES, state (1) 'I HANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAM SUICIDAL OF HOMICIDAL OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) BIRTHPLACE At placa In tha OF MOTHER of daath _____ yrs. mas. da. Stata, yra, mea. (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE If not of place of death?..... usual raaldanca DATE OF BURIAL PLACE OF BURIAL OR REMOVAL (Address 20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) (rocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant. Cook. Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important, Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Ansemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urarmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

15065 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[It death occurred is a hospital or Institution, give its NAME instead of street and nomber.]

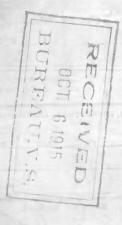
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH September 24th, 1915 (Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That attended deceased from
(Monta) Mas (Day 4, 1887)	that I last saw him alive on Sept. 24 1915
7 AGE It LESS than	and that death occurred on the date stated above, at 2,30 Q, m
28 yrs 4 mos 20 ds 0R min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mps. 8 de.
*BIRTHPLACE (State or country)	Secondary (Doration) yrs mos ds
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	Sept. 24th, 1915. (Address) midland rul.
VI 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs. mos. ds. State yrs. mos. de Where was disease contracted,
(Intermant) George Schombiert	If not at place of death? Former or usual residence
(Address)	alleganer Cont 9/26 1915
Filed Seph 205, 19105 Fifth Franks	20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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15066PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred is ...Ward) a hospital or Institution. give its NAME Instead of street and number. I 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, Manuel WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Year) TAGE It LESS than and that death occurred on the date stated above, t day.....hrs. The CAUSE OF DEATH* mos OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ___ yrs. ___ mos. ___ State . __ ds. Yrs. __ Where was disease contracted. 14 THE ABOVE If not at place of death?-Former or usual residence 19 PLACE OF BURIAL OF REMOVAL (Address) DATE OF BURIAL 16 Le.L., 1916 20 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Hanklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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particular kind of work

(b) General nature of industry.

business, or establishment in

FATHER

12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country

(Address)

OF FATHER (State or country

PARENTS

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

StWard)

Ilt death occurred to a hospital or institution, er.]

2F(ULL NAMES M	sular Shir	word of street and	
PERS	SONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S DATE OF BIR	ATH March	Singler MARRIED, Wibowed, ORDIVERCED (Write the word) (Day (Year)	16 DATE OF DEATH Sept (Month) (Day 17 I HEREBY CERTIFY, That I attended dece 19 J. to J. (8) that I last saw h	(Year)
GOCCUPATION (a) Trade, professi		mos. 1 6 ds. lt LESS than 1 day,hrs.	and that death occurred on the date stated above, at / The CAUSE OF DEATH * was as follows:	Тm

(Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF

KNOWLEDGE

*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

OR RECEN	OF RESIDE	NCE (FOR	HOSPITALS	, Institutions,	TRANSIENT
At place			In the		
of death	yrs me	s d	s. Sfate	yrs	mos d

Where was disease contracted. It not af place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.Y.S.

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[Approved by U. S. Consus and American Public Health Association.]

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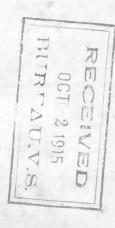
Village or C	ty Cureld. (No. 26,	Registration Dist. No. [If death occurred a hospital or in the life that the life th
2	FULL NAME Hobert Miller	Sizer give its NAME of street and n
PEF	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX malo	MLLLE SINGLE, MARRIED, Surgle WIDOWED OR DIVORCED (Write she word)	16 DATE OF DEATH (Month) (Day) 17 HEREBY CERTIFY. That attended decease
6 DATE OF E	(Month) (Day) (Year)	Sept 17, 1915, to Sept 17 that I last saw have alive on Sept 17
7 AGE	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at.
(b) General business, or	rotession, or Id of work nature of industry establishment in	- Acutl gastiette
9 BIRTHPLA	ce country) Md.	Contributory Secondary (Buration) yrs. (mos:
10 NAR	HER Robert J. Siger	(Signed) Crevasky Sept 9 191 (Address) Cumberland *State the Disease Causino Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Accide Suicidal of Homicidal.
OF CS	ate or country).	
U II BIRTOR	DEN NAME MOTHER GENERALISE H. M. Eller THPLACE MOTHER ate or country) THE CO.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place In the of deeth
U II BIRTOR	THPLACE MOTHER ate or country) TE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place In the

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autostate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return If retired from without more "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," state Means of Injury and qualify as accidental, suicidal, of as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of cause. Always qualify all diseases resulting from childby railway train-accident; Revolver The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion, State cause Never report mere (Recommendations for which wound of



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County alex 8 Registration Dist. No. Viltage or City. It death occurred in ...(No. St.:Ward) a hospital or institution. give its NAME Instead of street and number. ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) that I last saw h. alive on 7 AGE If LESS than 1 day, hrs. The CAUSE OF DEATH * was as follows: mln.? (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in (Ouration) yrs. mos. which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER O 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) Causes, state (1) MEANS OF INJURY: and (2) whether Accomentate Œ 12 MAIDEN NAME A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death State,yrs. mos. yts. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address', 191.5. 15 20 UNDERTAKER ADDRESS Filed REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Collon tion is very important, so that the relative healthfulprecise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to caeli and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningitis"); Tuberculosis of lungs, meningularity

on statement of eause of death approved by Committee SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Uraemia," "Weakness, on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenperal perilonitis," etc. birth or misearriage as "PUERPERAL septichuemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "An emia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," "Debility" ("Con-State cause for which Never report mere "Atrophy," punon



of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

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CAUSE OF Important. S

1 PLACE OF DEATH

15071



STATE OF MARYLAND CERTIFICATE OF DEATH

gistration Dist. No

Ward)

Kei

Ilf death occurred in a hospital or Institution, give its NAME Instead of street and nomber.]

ADDRESS

2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
Movember 4, 1875 (Month) (Day (Year)	that I last saw h malive on Sept. 29th, 1913
7 AGE 39 yrs 10 mos 25 ds. It LESS than t day,hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs 4 mos 6s.
9 BIRTHPLACE (State or country) allgany Country	Contributory Secondary (Doration) yrs mos ds
FATHER JUSSIAN M. Slown 11 BIRTHPLACE OF FATHER (State or country) Allegan Co. And	(Signed) Hussy State the DISEASE CAUSING DEATH on in deaths from Violence
of Mother May Time Yalls	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; nnd (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Dungan Slota	It not at place of death? Former or usual residence
(Address) Donarda Jana	Oak of Ell Centle Get 3 1915

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who receive a definite salary), may be entered as it should be used only when needed. been changed or given up on account of the disease additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-throspinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease. Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMIGIDAL, OF AS probably such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. "Ileart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... by carbolic acid-probably suicide. The nature of the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State Never report cause for



V. S. No. 1.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION-18-Very RECORD A PERMANENT stated of information should be carefully supplied. AGE should be st. DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK-THIS IS PLAINLY, WITH WRITE CAUSE OF Important. STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No.

Village or City Standard Share

[It death occurred in a hospitat or Institution, give its NAME Instead of street and number.]

-Ward)

St.;

FULL NAME COUCAS.	acus
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemele 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWED, OR OIVORGEO (Write the word)	16 DATE OF DEATH (Xonth) (Year) 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Spt 13 ,191/. (Conth) (Day (Year)	that I last saw h La alive on Supt 28, 1914
7 AGE 4 yrs mos 16 ds. OR min.?	and that death occurred on the date stated above, at 73 m. The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work	Diplitheria
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 4 ds.
9 BIRTHPLACE (State or country) Maryland	Gontributory Secondary
10 NAME OF Harmon Sluss 11 BIRTHPLACE	(Signed) a (Maddress) Trestfura
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds
(Informani) Mus. Seo. arusla	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 25 m) rehaving	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9/30 1015
Flag Sept 29, 1915 Self Course	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous duties of the household only (not puld Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. tication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial cuployments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when uccded. As examples: first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are cugaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CE	RTIFICATE	OF DEATH	
O DATE OF DEATH	Sept.	Day	, 191 (Year)
I HEREBY CERTIF			
July 19, 191	5, to a	ug 10	ر ر ر ر
that I last saw haliv	re on	ug 1	, 191!
and that death occurred o	n the date s	tated above	at 6 a
The CAUSE OF DEATH &			and the
Jastro	Eut	erox	
des contra est contra est			
		>	
	(Duration)	yrs	mos
Contributory	*****************		
Contributory		************************	
Contributory Secondary	(Buration).		mos
Secondary		oki	12-
Secondary (Signed)			12-
Secondary (Signed)	neva	exterl	auf
(Signed) Stat the Disease Cau Causes, state (1) Means o Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (F	dress) Cou	or, in deaths from (2) whether	DEN VIOLENT ACCIDENTAL,
Secondary (Signed) Stat the DISEASE CAU CAUSES, state (1) MEANS O SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (F OR RECENT RESIDENTS)	dress) Cou	or, in deaths from (2) whether in	DEN VIOLENT ACCIDENTAL,
Secondary (Signed) Stat the Disease Cau Causes, state (1) Means o Suicidal of Homicidal. (B Length of Residents) At place of deathyrsmos.	dress) Control of Injury; and For Hospitals	or, in deaths from (2) whether in	DIN VIOLENT ACCIDENTAL,
(Signed) 191 (Add *State the Disease Cau Causes, state (1) Means of Suicidal of Homicidal. 18 Length of Residence (F or Recent Residents) At place	dress) Control of Injury; and For Hospitals	or, in deaths fre (2) whether A	DIN VIOLENT ACCIDENTAL,
Secondary (Signed) *State the Disease Cau Causes, state (1) Means o Suicidal or Homicidal. (B LENGTH OF RESIDENCE (F OR RECENT RESIDENTS) At place of deathyrsmos. Where was disease contracted,	dress) Control of Injury; and For Hospitals	or, in deaths fre (2) whether A	DIN VIOLENT ACCIDENTAL,
Secondary (Signed) Stat the DISEASE CAU CAUSES, State (1) MEANS O SUICIDAL OF HOMICIDAL. (B LENGTH OF RESIDENCE (F OR RECENT RESIDENTS) At place of death	diess) Colored to the	or, in deaths fre (2) whether A	DEN VIOLENT ACCIDENTAL, B, TRANSIEN
Secondary Signed) State the Disease Cau Causes, state (1) Means of Suicidal of Homicidal. Suicidal of Homicidal. Secondary Suicidal of Homicidal. Suicidal of Homicidal o	diess) Colored to the	or, in deaths fre (2) whether A	DEN VIOLENT ACCIDENTAL, B, TRANSIEN
Secondary (Signed) State the Disease Cau Causes, state (1) Means o Suicidal or Homicidal. (B LENGTH OF RESIDENCE (F OR RECENT RESIDENTS) At place of deathyrsmos. Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR RE	diess) Colored to the	or, in deaths fre (2) whether A	DE VIOLENT ACCIDENTAL, B. TRANSIEN MOS.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Hone, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Crocery: (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Architect, Locomotive engineer, Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death in the same accepted torm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar memonia. Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," birth or miscarriage as "Puenperal septicharmia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," genital," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Anaemia" (merely symptomatic), by railway train-occident; Revolver wound of Always qualify all diseases resulting from child-"Coma," "Convulsions," The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercuretc. State cause for which "Propsy," "Exhaustion," carbolic ocid-probably "Debility" ("Con-"Atrophy," "Colreport mere ACCIDENTAL, unportant.

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions, on back of certificate. WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

11

E

County Allegary (167) Village or City Camberland (No. 202, Camberland (No. 202, Camberland (No. 202, Camberland (No. 202))	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, widowed or Divorced (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEBEBY CERTIFY, That I attended deceased from
7 AGE (Nonth) (Day) (Year) 7 AGE If LESS fhace 1 day, hrs.	that I last saw h avalive on
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General natore of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory ll ms tul voling walv
10 NAME OF FATHER Forest a Squires 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CLEAR A WILLIAM OF	(Signed) (Signed) (State the DINFASE CAURING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY ANOWLEDGE (Informant) (Address) 20.2. Arel.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piecs In the of desth
Filed Left 2 9, 181 Mark Lev ton REGISTRAR If more blanks are needed, address State Registrar, 1	20 UNDERTAKER ADDRESS 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect. Locomotive engineer. Civil engineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhod (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Caucer" is less definite: avoid use of "Tumor" for malignant neoplasms): Measles: Whooping cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchomeumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Angemia" (merely symptomatic), "Atrophy," "Collapse," "Coma." "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure." "H operhage." "Inanition." "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," etc., when a definite disease can be accertained as the eause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIGLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. 8. No. 1.

N. S.

PLACE OF DEATH 15075	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Lambertand (No. 6) Ciffs 2 FULL NAME Bernard	St; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
(Month) (Day) (Year)	that I last saw hammalive on
yrs 7 mas 14 ds, OR min.?	and that death occurred on the late stated above, at, m
CCUPATION (a) Trade, prefession, or particular kind of wurk (b) General nature et ladustry business, or establishment in which emplayed (or employer) BIRTHPLACE (State or country)	(Buration) yrs. 3 mos. ds Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME	(Signed) (Signed) (Signed) (State the Disease Causing Drath, or, in deaths from Violent Sauses, state (1) Mrans of Injunt; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mes. de. State, yrs. mes. ds Where was disease coolracted, If not at place of death?
(Address) 5 Curs St Curs fedared Base 15 FREG P. 1. 6. 19 1. 701 REGISTRAR If more blanks are needed, address State Registrar,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER A ODRESS Place of BURIAL A ODRESS Place of BURIAL A ODRESS

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to cach and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer." etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired. 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (uame origin: "Cancer" is less definite: avoid use of "Tumor" for neal spant neoplasms): Measles: Whooving cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercusrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anacmia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "I ropsy," "Exhaustion," "Heart failure," "If emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, man'l consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

21619181918

V. 9. No. 1.

PERSONAL AND STATISTICAL PARTICULA COLOR OR RACE COLOR OR RACE	Registration Dist. No. [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in a hespital or institution, give its MAME instead of street and number.] [If death occurred in its MAME instead of street and number.] [If death occurred in its MAME instead of street and number.] [If death occurred in its MAME instead of street and number.] [If death occurred in its MAME instead of street and number.]
of BIRTH A COLOR OR RACE S SINGLE, MARRIEO, WIOOWEO (Write the word) OF BIRTH MANAGE (Write the word) (Month) (Day) 1 M8. 2 M8. 2 M8. 2	18 DATE OF DEATH Month (Day) (Year)
MARRIEO, WIOOWEO OR DIVORCEO (Write the word) OF BIRTH JULY (Month) (Day) 11 12 15 15 16 16 17 18 18 18 18 18 18 18 18 18	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914 (Year) that I last saw have allve on supply 24 that I last saw have allve on supply 24 and that death occurred on the date stated above, at 42 The CAUSE OF DEATH ** was as followis:
(Month) (Day) yrs. 2, mes. 2 ds.	that I last saw har allve on Aff. 24, 1910 on that I last saw har allve on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above, at I not man all that death occurred on the date stated above.
yrs. 2. mes. 21 ds.	tay, hrs. The CAUSE OF DEATH * was as follows:
eneral natere of ledustry ss, or establishment in empleyed (or employer) HPLACE ate or country) Mell least our	Contributory Hassels
PIAME OF FATHER CLICK ST.	(Signed) The No No No M. Sept. 25 , 1915 (Address) Cumb Streether) M.
MAIOEN NAME OF MOTHER Slandista 1/2	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIOAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
BIRTHPLACE OF MOTHER (State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEOG	At placs At placs of death yrs. mes. ds. State, yrs. mee. d Where was disease centracted, If not at place of death?
(Address) \$6.5 \\ 6.6 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Former or usual residence
e se ta	S, or establishment in mpleyed (ar empleyer) APLACE te or country) NAME OF FATHER BIRTHPLACE OF FATHER (State or country) MAIOEN NAME OF MOTHER BIRTHPLACE OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country) BIRTHPLACE OF MOTHER (State or country)

[Approved by U. S. Census and American Public Health Association.]

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ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles: Whooping cough; Chronic vatvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease eausing death), 29 ds.: Bronchovneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H morrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura/n-ia," "Weakness," etc., when a definite disease can be accertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee oh Nomenelature of the American Medical Association.)

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PLACE OF DEATH	STATE OF MARYLAND
County alle gasus	CERTIFICATE OF DEATH
Village or City Current Flored (No. 95	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME: UMC	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Sept. , 1915 (Year)
6 DATE OF BIRTH fuly 3 19/3 (Month) (Day) (Year)	that I last saw have alive on sefet 1, 1915,
7 AGE 2 yrs. 1 mos. 25 ds. or mig.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry husiness, or establishment in	(Duration) yrs. mos. 1 ds.
which emplayed (or emplayer) 9 BIRTHPLACE (State or country) M	Contributory Thanks de.
10 NAME OF FATHER Harry Strohmereger	(Signad) The H. H. Jand M. A.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER M. M	State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 B'RTHPLACE OF MOTHER (Stute or country) M. M.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) The Sest of MY KNOWLEDGE	If not at place of death? Former or usual residence
(Address) 95 Halley At	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Med SEP-3 1918 Med LUTTON REGISTRAR	20 UNDERTAKER Stews City
If more blanks are needed, address Stato Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. taken to report specifically the occupations of persons business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, If the occupation has been changed Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," menimunqualified, is indefinite); Tuberculosis of lungs, menimunqualified, is indefinite);

cough; Chronic valvular heart disease; Chronic interstitial on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) Struck by railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere wound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED DOT \$ 1915 BURBAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

50		PLACE OF DEATH	STATE OF MARYLAND
CIAN	Coun	ty legan	CERTIFICATE OF DEATH
	Oddii		Registration Dist. No.
1YS tate		La la Vaid 103 4	a. the
PHY of sta	Villag	ge or City (No. / 05, 20	St.; Ward) [If death occurred in a hospital or institution,
Exac		1 / 10//	give its NAME instead of street and number.
ACTI ed. E		² FULL NAME	a 1 g ca
EXA		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
40	3 SE		16 DATE OF DEATH
stated ly classe.	H	malo lestred widdwest wife	(Month) (Day) (Year)
perl cate	6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
		Sell 22 901	, 191, to , 191,
hould be pro		(Month) (Day) (Year)	that I last saw h alive on
S Z O	7 AG	E If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
A B a ck		yrs mos ds OR min.?	The CAUSE OF DEATH # was as follows:
nat.	8 00	CCUPATION	
o th	/ a) Trade, profession, or ricular kind of work	Affil Affil
s, se	(b) General nature of industry	
fully s terms struc	whi	siness, or establishment in ich employer)	(Surstion) yrs. mos. ds.
efu nst	9 BI	RTHPLACE (State or country)	Secondary Secondary
ca ee		Maryana	(Ourstion) yrs mos ds.
in S	STE O 11 BIRTHPLACE	To NAME OF FATHER LENGT TILLS	(Signed) Musquest Martin M. a.
TH		DATE 77 19 (Address) July Land 2008	
on sh DEA	State or country) Maryland		CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
	AB	12 MAIDEN NAME OF MOTHER	SUICIDAL OF HOMICIDAL.
FO	0.	13 BIRTHPLACE SAL	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
US US		OF MOTHER (State or country)	At place in the of death yrs. mes. ds. Stats, yrs. mos. ds.
of in	14 TF	HE ABOVE IS TRUE TO THE BEST FE MY KNOWLEDGE	Where was disease contracted, if not st place of death?
Tio	on (Informant) Lev-Tyler		Former or
st PA		P. S. Kulauski	usual residence
Every item o should state OCCUPATIC		(Address) Legitation	0/42 1
S P	15	eroanine Marth Stair	20 UNDERTAKER APPRESS
œ.	File	REGISTRAR	Test Takes toucherland
ż	-	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto/Requesting V. S. No. 1.
	8.0		

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Fronchopneumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

genital," head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. birth or miscarriage as "PUERPERAL septichuemia, cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver "Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never report mcre (Recommendations "Exhaustion, wound

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BUR EATIVE.

1 PLACE OF DEATH PHYSICIANS t statement of STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in a hespital or institution. EXACTLY. give its NAME Instead of street and number. RECORD PERSONAL AND STATISTICAL PARTICULARS classifi CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE PERMANENT MARRIED, MIDOWED OR DIVORCED (Month) (Day) attanded deceased from 6 DATE OF BIRTH pino 99 40 7 AGE If LESS than ш ck 1 day, hrs. G E d OR min. ? 0 OCCUPATION tha supplied (a) Trade, profession, or Suo particular kind of work 20 (b) General nature of industry structi husiness, or establishment in terms which employed (or employer) carefully (Buratton) 9 BIRTHPLACE Contributory 5 (State or country) Secondary 8 See 0 10 NAME OF pe 2 PATHER T rtant I no 11 BIRTHPLICE RENT State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, impoi or country) 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER ati 18 LENGTH OF RESIDENCE (FOR HOSPITALE; INSTITUTIONS, TRANSIENTS, 0 Еш OR RECENT RESIDENTS 13 BIRTHPLACE US of infor OF MOTHER At piace In the (0) (State or country) of deathyrs. Z Where was disease contracted. should state C tf not at ptace of death? usuat residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 191.5 20 UNDERTAKER ADDRESS REGISTRAS ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

OZIOZIO

1910

(Year)

[Approved by U. S. Census and American Public Realth Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits ean bc known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever. write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, cte., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursania," "Weakness," ete., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BINDING

FOR

RESERVED

MARGIN

count allegang 15080	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or Cipeland (No. 133, M. 2 FULL NAME May Walburgs	(It death occurred in a hespital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF BEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVOROFD (Write the property)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Aug 33 ,1915, to Sfr. 6 ,1907;
7 AGE (Day) (Year) 7 AGE (If LESS than 1 day, hrs. OR mis.?	that I last saw h W alive on September 1945, and that death occurred on the date stated above, at \$ 70 a. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General natore of lodustry business, or establishment in which employed (or employer)	Contributory Contributory Contributory
10 NAME OF FATHER LOS CILL thony Scharf 11 BIRTHPLACE OF FATHER (State or country) Lermany 12 MAIDEN NAME	(Signed) Full (Address) County land M. O. Style the Pinease Causing Drath, or, in deaths from Violent Causing it (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Sonot know 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the In th
15 SEP18 1915 Blow Author Registrar II more blanks are needed, address State Registrar II	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Seter Hauls Councition Step 18., 191:5 20 UNDERTAKER ADDRESS Counter land 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and ehildren, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, ete If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None ...

Statement of Cause of Death—Name, first, the DISEASE CAVSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Ura mia," "Weakness," etc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from ehildbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State eause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

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0111019 8

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION-is, very Important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

1 PLACE OF DEATH 15081
County Allegany



STATE OF MARYLAND CERTIFICATE OF DEATH;

Registration Dist. No.-

VII	12ge or City Westernfest (No, -	St.; Ward) [If death occurred is a hospital or lostitution, give its NAME lostead of street and comber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Ex COLOR OR RACE Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17/1 I HEREBY CERTIFY, That I attended deceased from
6 D	Sekt 4 July: (Month) (Day (Year)	that I last saw h 4 alivs on 44 4 4 1915
TA	The East than	and that death occurred on the data stated above, at 6,25Pm.
0	about 70 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
× pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work. General nature of Indostry, iness, or establishment in ch employed (or employer)	Evlar Sternile they us. (Duration) / yrs. mos. ds.
	(State or country) Carganici	Contributory Secondary (Doration) Jrs. mos. ds.
ITS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) , M. D. Address) , M. D.
PARENT	12 MAIDEN NAME OF MOTHER WORLD KNOW	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Dord Know	At place in the ot deathyrsmosds. Stateyrsmosds
	(Informant) 6. Thas. Wayour	Where was disease contracted, If not at place of death? Former or usual residence.
16 FI	(Address) Mescernife on rud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. V.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failnre," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Inmor" for mallg-The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of The nature of the "Exhaustion," Never report

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V. S. No. 1.

RECORD

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, se important.

15082 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Control of the Contro			arogioti attori Bioti
Village or Cit Cum	berland (No.)	15 Independen	ELSt: Ward)
	//		
SELLI MANE	M. Il for	a. Halting	11/

[If death occurred to a hospital or institution, give Its NAME Instead of street and number.]

AGE Share. instruction of the Country of Mother Accountry of Mother Accountr	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Successional (Month) (Day (Year) (Year) (Day (Year) (Year) (Day (Year) (Year) (Year) (Day (Year) (Year) (Day (Year) (Year) (Year) (Day (Year) (Year) (Day (Ye	MARRIED, WIDOWED, WIDOWED, Write the word	(Month) (Day (Year)
particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) In DIAME OF FATHER (State or country) PCLUMA (Signed) Secondary (Signed) (Signed) Secondary Secondary (Signed) Secondary Secondary (Signed) Secondary Se	(Month) (Day (Year) 7 AGE 3 moz. intention If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
Secondary NAME OF FATHER Relph R. Waltsman 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER 16 State or country) 17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Secondary (Duration) 18 Secondary (Signed) (Sig	(b) General nature of Industry, business, or establishment in	(Duration) yrs mos. ds
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSION OR RECENT RESIDENCE) At place of dealh yrs. mos, ds. State yrs. mos. Where was disease contracted, If not at place of death?	(State or country) 10 NAME OF FATHER Relph R. Waltonan 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Duration) yrs mos ds (Signed) (Address) Churchelland (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accuses
(Intermed) Former or	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
(Address) Cumberland, Ind, 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	(Address) Cumberland, Ind,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Semation Sept 30, 1915

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional liue is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples: The (4)

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mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merciy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant ncopiasms); Meastes; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skuil, and consequences (e. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Coilapse," "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion," Never report For VIO-

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MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

if death occurred in a hospital or institution. of street and number.]

give its NAME instead MEDICAL CERTIFICATE OF DEATH (Month) (Day) CERTIFY, That I attended deceased date stated The CAUSE OF DEATH * was as follows: (Duration) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITU State.

DATE OF BURIAL

ADDRESS

! PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton state occupation at beginning of illness. business, that fact may be indicated thus: Former (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Devler," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Crocery; (a) Foremon, mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the birth or misearriage as cause. Always qualify all diseases resulting from child-"Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. cough; Chronic vulvular heart disease; Chronic interstitial "Anaemia" chopneumonia Example: Measles (disease eausing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of ... by roilway train-accident; Revolver wound of "Old Age," "Shock," "Uramia," "Weakness, "Coma," (merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. Never report mere The contributory (secondary or intercuretc.), "Puerperal septichaemia," by carbolic acid-probably "Dropsy," "Exhaustion,"

If his certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



11

N.B.

HYSICIANS statement of	County allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Exact	Village or City Communication (No. 2),	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
class	Male Ante of BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY GERTIFY, That I attended deceased from
nould be st be properly certificate	Libk - 22 1915	Jeg 2 1910 to 27, 1915;
should be of ce	(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at A. m.
AGE it may back o	yrs, mos, ds. OR min.?	The CAUSE OF DEATH * was as follows:
hat on	8 OCCUPATION (a) Trade, profession, or	Pematere pirth.
so to	particular kind of work (b) General nature of industry	4 superthese
	business, or establishment in which employed (or employer)	(Buration) yrs mos ds,
ain terms, e instructi	9 BIRTHPLACE (State or country) Muns Sand	Contributory Secondary
be din pl	10 NAME OF Charm welch	(Signed) Louisian France, M. O.
ion should F DEATH important.	11 BIRTHPLACE OF FATHER (State or country) Must Wriginia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
oF D y imp	a 12 MAIDEN NAME OF MOTHER AND A CATAL PRINCIPLE	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
of ormal street	13 BIRTHPLACE OF MOTHER (State or country) Mansland	OR RECENT RESIDENTS) At place In the of deathyrsmosds. Where was disease contracted,
state CA	(Informant) Many and Welch	if not at place of death? Former or usual residence
Every iten should sta OCCUPAT	(Address) lemper Cand	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL Ne Hilleen 123, 1911
M. M	Filed 1919 MOLLING REGISTRAR	20 UNDERTAKER Welch Lemberland

[Approved_by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," mobile factory. write Nane. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Carc should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Fareman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Toal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Never return "Laborer," But in many cases, etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee mus," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal perilonilis," etc. State cause for which SUICIDAL, Or HOMICIDAL, Or as probably such, if impossible cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopmeumonia (secondary), 10 ds. rent) affection need not be stated unless important mephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of Example: Meosles (disease causing death), 29 ds.; Broncough; Chronic valvulur heart disease; Chronic interstitia "Old Age," "Shock," "Urarmia," "Weakness, "Senile," etc.), "Dropsy," Never report mere "Exhaustion," ACCIDENTAL

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1.

N.B.

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INR-THIS IS A PERMANENT carefully supplied. so that it may be DEATH in plain terms, so that it masses instructions on back of certificate, Every Item of information should be CAUSE OF DEATH in plain terms, so important.

15085 allegam



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	+ +	 1	W	21	(h:
	A. 3.	 		66.0	4/

[If death occurred to

	FULL NAME Thomas 7	Felthie	give Its NAME Instead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
35	Male Hite Single, MARRIED, WIDOWED, WIDOWED, WITHOUTE (Write the word)	16 DATE OF DEATH Month)	18 ,191V
	ATE OF BIRTH Full Month) (Day (Year)	that I last waw h alive on	t I attended decessed from
7 A	If LESS than 1 day, hrs.	and that desth occurred on the date state The CAUSE OF DEATH* was as follows:	
to (a) (b) (b) (b) (b)	OCCUPATION a) Trade, protession, or articular kind of work b) General nature of industry, siness, or establishment in hich employed (or employer)	Seven months malassimil	shild,
ARENTS	10 NAME OF FATHER COLLECTION Permaylvama 11 BIRTHPLACE OF FATHER (State or country) Permaylvama 12 MAIDEN NAME OF MOTHER Alther Speiches	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address)	
Δ.	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence	yrs, mos de
15	(Address) U. V. Z. Drug	19 PLACE-OF BURIAL OR REMOVAL COKKUT) 20 UNDERTAKER	ADDRESS
_ [1]	led		HOUNESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for

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carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state was the properly classified. Exact statement of OCCUPATION is very RECORD

V. S. No. 1.

N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT of information should be carefully sur DEATH in plain terms, so that it mi See instructions on back of certificate. CAUSE OF Important. S

PLACE OF	DEATH	1	508
		di	C



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred in a hospitat or institution, give its NAME instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	ARRIED. WIDOWED. WILLE WITH the word)	18 DATE OF DEATH Sept 14th , 1915 (Month) (Day (Year)
6 D/	Sept 14 th 1915 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sept 14th, 1915, to Sept 14th, 1915, that I last saw h alive on Left 14th, 1915.
7 A C	(2011)	snd that death occurred on the date stated above, at 11 m. G. m. The CAUSE OF DEATH* was as follows:
(a) par (h)	Trade, profession, or ticular kind of work. General nature of industry,	Misserriage
9 BI	ness, or establishment in chemployed (or employer) RTHPLACE (State or country)	Gontributory Secondary
TS	10 NAME OF FATHER OWELL Wilson 11 BIRTHPLACE OF FATHER	(Signed) m. J. M. D. & runt M. D. Sept 156, 191 & (Address) michland-rud.
PARENT	12 MAIDEN NAME OF MOTHER SIZER Kerr	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 -	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE	Al place In the of deathyrsmosds. Stateyrs,mosds Where was disease contracted.
	Informant) . M. J. M. Druwth W. S	If not at piace of death?————————————————————————————————————
16	(Address) Milland- Held.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flie	of Siph 19, 1915 HA Racles FEGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

· [Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dcaler," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritongeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver reound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BURBAU,V.S.

RECORD PERMANENT d UNFADING

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) (Day) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above at 6 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? (b) General nature of industry. business, or establishment in which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER . (Signed) S 191.0. BIRTHPLACE K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ы CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State or country ___ yrs. mes, State Where was disease contracted. If not at place of death? OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

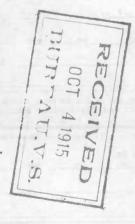
[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthful-Scrvant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-LENT DEATHS State MEANS OF INJUBY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report

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N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

County Collegary 15088	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / O
Village or City Congawilly No. 2 FULL NAME Isla Win	St; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
OATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than	that I last saw h 4 allve on 1915
age 1 day, hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of idutstry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Byrafies) ra. mos 3
10 NAME OF FATHER South Madden 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER O	(Signed) (Signed) (Address) (Address) (State the DISEASE CAUSINO DEATH, or, in-deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place In the st deeth
(Address) Strymsviller 16 Filed Sept 17, 1915 - Falshungfu	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Collon Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," mill; (a) Salesman, (b) Grocery; (a) Foreman, engineer, Stationary fireman, etc. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal nine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, If the oeeupation has been ehanged Architect, Locomolive engineer, But in many eases, ete., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, mus," "Old Age," "Shoek," "Uraemia," "Weakness," Struck to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of eause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Meosles; Whooping by railway The contributory (secondary or intercurtrain-accident; Revolver wound as "PUERPERAL septichaemia," State eause for which Never report mere

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

